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ABSTRACT

The issue of youth suicide is a complex one, involving an almost incomprehensible array of problems and circumstances which may influence a young person's decision to take his or her own life. Project Lifesaver began as a joint suicide prevention effort of the Montgomery County (Ohio) Medical Society, the Suicide Prevention Center (SPC), Inc. of Dayton, Ohio, several Montgomery County social service agencies, and two county school districts. This project was designed to study the impact of suicide prevention programming on teachers and their students. For teachers the focus of Project Lifesaver was on the areas of recognition of depression and suicidal ideation; short-term crisis intervention; school and community resources; and factual information about suicide. For elementary level students the emphasis was primarily on sharing feelings associated with grief and loss, and developing a circle of adult resources. Secondary school student programs highlighted recognition of suicidal behavior, adult resources, and factual information about suicide. Pre- and post-assessment surveys were administred to both teachers and students. Results for elementary and secondary teachers provided strong evidence of the success of the Project Lifesaver staff in-service programs. Results for the elementary school students indicated that students preferred family and friends for adult resources. For secondary school students, preferred adult resources were suicidal friend's parents and the school counselor. Forty-two tables and 13 graphs are included, as well as 4 appendixes containing, respectively, the study instrument; program outlines for SPC staff and volunteers; bibliographies including descriptions of Project Lifesaver films and the SPC's bibliographical listings for both children and adolescents; and a paper on legal issues by Charmaine Boggs. (ABL)

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PROJECT LIFESAVER

Child and Adolescent Suicide Prevention in Two School Systems

CG022361

1986
Charmaine Boggs, Coordinator

Suicide Prevention Center, Inc.
Dayton, Ohio

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PROJECT LIFESAVER: Child and Adolescent Suicide Prevention in Two School Systems

Funded through a Venture Grant of the United Way of the Dayton Area, Ohio

Supported by: Mental Health Board for Montgomery County, Ohio
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Volunteer Speakers and Puppeteers

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The Suicide Prevention Center, Inc. (SPC) is a component of the mental health and social service system in Montgomery County, Ohio. As part of a nationwide system of over 200 centers, we strive to offer the highest quality care possible to those facing a crisis, feeling depressed and trapped, and turning to self-destructive behavior.

Our activities address four levels of prevention: actively intervening to prevent suicide attempts; preventing further dysfunction after a death or an attempt; working with high risk populations; and addressing those factors which create suicidal behavior.

The basic concept for a Suicide Lifeline and the creation of what has now become the Suicide Prevention Center, Inc. (SPC) were conceived in 1965 by a group of seventeen counselors and clergy. They shared a concern for the high incidence of suicide in the Dayton area during the holiday season.

While the initial intent was to provide a 24 hour crisis "hotline" only during the holidays, the emergency calls did not stop. From 1965 to 1977 funding and coordination were provided by the Dayton Pastoral Counseling Center and the city of Dayton.

In 1977, SPC incorporated as a community service, nonprofit organization. Permanent funding was sought and received from the Mental Health Board for Montgomery County. In 1981 SPC achieved national certification from the American Association of Suicidology and was recertified in 1984 and 1986. In 1985, SPC became an affiliate agency of the United Way of the Dayton Area.

SPC has become well-known as one of the leading organizations in the country providing specialized services focusing on suicide prevention and related issues.

This publication is one of 8 manuals, 2 directories, 12 reports, and 35 pamphlets published by the Suicide Prevention Center. Many of the materials are free-of-charge. A complete publications list is available through the Suicide Prevention Center business office:

SPC, Inc.
P. O. Box 1393
Dayton, Ohio 45401-1393

Additional copies of Project Lifesaver are available at a cost of $20.00.

Dedicated to all Suicide Prevention Center, Inc. Board, Team, Speakers, Puppeteers and Staff Members -- past, present, and future.

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What is it about me!
Do I have a disease
Or do I just project
An image that says
Don't touch me.

Sometimes I wish I was dead.
No life, no problems.
Maybe God is a bunch of B.S.
But, hey, it's no big deal,
Life I mean.

I find myself crying to sleep,
Wishing something would happen
That would just make the tears
Pour out of me in public.

All the other guys can just
Do what they're supposed to do,
And do it perfectly.
I can't I'm a loser.

Sometimes I just have to
Fake it, convince myself
I'm cool
Right?

Flounder
(14 years old)

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EXECUTIVE SUMMARY

INTRODUCTION

The issue of youth suicide is a complex one, involving an almost incomprehensible array of problems and circumstances which may influence a young person's decision to take his or her own life. Much has been written about the increase in suicide among 15 to 24 year-olds during the past twenty years. Even more alarming is the mounting evidence of an increase in depression and suicidal behavior among children under the age of fourteen (Pfeffer, 1986).

Individuals who live or work with children and adolescents are certainly in a position which brings them into contact with self-destructive and suicidal youngsters. One place in which such children are frequently first identified is the school. The realization of the responsibility which this position entails can often lead to feelings of frustration and helplessness for the concerned adult. Although a parent may be the first to bring the situation to the school's attention, most often it is the classroom teacher who initiates the referral process through the school counselor or psychologist. And all too often, this counseling professional is swamped by an unmanageable caseload or stymied by a parent who denies the problem or who refuses to obtain professional help for the child. When this occurs, it is the classroom teacher who must attempt to help the child, using whatever resources may be available at the time.

Project Lifesaver began as a joint youth suicide prevention effort of the Montgomery County (Ohio) Medical Society, the Suicide Prevention Center, Inc. of Dayton, Ohio, several Montgomery County social service agencies, and two county school districts. This project was initiated by the tragic 1984 suicide death of a physician's fourteen-year-old son. The Suicide Prevention Center has been actively working with area schools and youth agencies since 1980.

There are a number of books and manuals in print designed for use within school settings, but few are based on research gathered from a large population of students and their teachers. None known to the Suicide Prevention Center (except for the Center's Elementary School Puppet Show) focus on the special needs of elementary school children and their teachers. A small experimental study had been conducted by the Suicide Prevention Center of Dayton in 1982 (SPC, Inc., 1982) using 235 students at one Dayton, Ohio, high school. The results of this study indicated that the students who had received a program on suicide prevention were significantly more likely to recognize the signs and symptoms of suicidal behavior and were also more likely to share that information with a teacher.

TABLE 1: PROJECT LIFESAVER RESEARCH SUMMARY

SCHOOL DISTRICTS (based on information solicited from Superintendent's Office)

	DISTRICT A	**DISTRICT B**
Size of District:	1 Senior High 1 Junior High 2 Elementary Schools	1 Senior High 1 Junior High 6 Elementary Schools (3 in Project Lifesaver)
	Approx. 1450 students	Approx. 4400 students
Location/Dayton:	south suburb	west suburb
Racial distribution:	99% Caucasian 1% Black	55% Caucasian 43% Black 2% Other
Predominant parental education level(s):	College-educated	High school/college educated
Predominant parental employment status:	Professional	Skilled trades/ professional

SUBJECTS: (actual participants)

	DISTRICT A	**DISTRICT B**
Pre-assessment:	111 Adult staff 557 Elementary students 698 Secondary students	212 Adult staff 903 Elementary students 1406 Secondary students
Post-assessment:	65 Adult staff 543 Elementary students 643 Secondary students	129 Adult staff 851 Elementary students 1052 Secondary students

PRESENTATIONS TO STAFF AND STUDENTS

	Elementary (K-6)		Secondary (7-12)		Total
	Staff	Students	Staff	Students	
Presentations:	8	68	4	93	161
# Attending:	172	1456	184	2164	3620

Project Lifesaver was designed to be a more ambitious study of the impact of suicide prevention programming on teachers and their students. The results obtained from this study will provide the basis for the future development of materials and curricula for students from Kindergarten through Grade 12 and for teaching and counseling professionals at three levels: undergraduate, graduate, and in-service.

For teachers (both elementary and secondary) the focus of Project Lifesaver was on four areas:

1. Recognition of depression and suicidal indicators
2. Short term crisis intervention
3. School and community resources
4. Factual information about suicide

For elementary level students, the emphasis was primarily on sharing feelings associated with grief and loss, and developing a circle of adult resources. Secondary student programs highlighted recognition of suicidal behavior, adult resources, and factual information about suicide.

Pre- and post-assessment surveys were used to measure the effectiveness of the Suicide Prevention Center's programming with regard to these issues.

RESEARCH

In early 1985, the Suicide Prevention Center staff surveyed Montgomery County school districts in order to determine which might be interested in participating in the study. The two participating districts were selected on the basis of availability, size, and differences in demographic composition. Table 1 (facing page) summarizes the participants. The basic time line of the process was as follows:

A. October, 1985: Presentation of Project Lifesaver to school administration
B. October-November, 1985: Presentation of Project Lifesaver to teacher leader groups in each building.
C. December, 1985-February, 1986: Pre-assessment and in-service of staff
D. December, 1985-April, 1986: Pre-assessment and classroom work with students
E. May, 1986: Post-assessment of all participants

A. Presentation to school administration

Since the central office administration in both districts had already given approval to Project Lifesaver, the main purpose of this meeting was to establish a time line for each phase of the project and to determine the appropriate means for handling routine decision-making. The primary role of each building administrator was to coordinate activities including: assessments, staff in-service, parent awareness/permission, and classroom programs.

B. Teacher leader group planning

Teacher input was vital to the development of the elementary-level portion of Project Lifesaver, particularly to the development of the pre- and post-assessment forms. A major concern of many elementary level teachers was the sensitive nature of the topic, suicide, and its possible effect on their students. Once reassured that the elementary school program centers on loss and the grief process, not suicide, most teachers were enthusiastic supporters of the project.

A committee of teachers in each elementary building participated in a series of meetings to refine the assessment instruments. The items included were designed to measure the extent of certain behaviors which are included as objectives of the Elementary Level Death Education Puppet Show:

Primary Objectives:

1. Acceptability of expressing emotions within the family structure, specifically the ability to express feelings of grief.
2. Availability of people to share feelings with and willingness to approach adult resources in time of crisis.

Secondary Objective: Acceptance of the permanence of physical death.

Questions were raised, particularly with regard to the secondary objective, the acceptance of the permanence of physical death. A number of teachers were concerned that students may respond from a religious viewpoint, i.e. death is not final because of a belief in spiritual afterlife. The final wording (see Appendix) of this item on the surveys was satisfactory to the majority of teachers who participated in the planning, although a few individuals remained unconvinced of the item's suitability for measuring the concept.

At the elementary level a decision was also made to develop two different survey formats. The Kindergarten-Grade 2 (K-2) form utilizes pictures and includes fewer items, making it easier for the non-reader to use. The Grade3-Grade 6 (3-6) form follows a simple forced-choice format.

Secondary level teachers did not participate in the development of the Grade 7-12 assessment survey form. The form used was based on the one developed for the 1982 study cited in this chapter. Some minor revisions in terminology were made to eliminate difficulty for those students unfamiliar with suicide. Representatives of each junior and senior high school did meet to assist in scheduling the program and to take information back to the rest of the staff.

C. Staff Pre-assessment and In-service

Principals, counselors, and teachers were given a four-page assessment survey (see Appendix) to determine the extent of their knowledge of factual information about suicide, their knowledge of and willingness to use various resources for assistance, and the extent of their personal experiences with students in crisis. It should be noted that all did not choose to participate in the survey process.

All staff in-service consisted of a basic presentation on suicide followed by a special presentation geared to either the elementary or secondary level. All in-service sessions were conducted by the Project Lifesaver Coordinator using a standard outline (see Appendix) in order to control for information and delivery. Due to scheduling difficulties, however, teachers in each building did not receive the in-service on a standard time frame. All teachers in District A attended 45-minute sessions on three consecutive days, for a total in-service time of 2 1/4 hours. Teachers in the District B junior high and 5 of the 6 elementary buildings attended the same type of in-service for a total of 2 1/4 hours of in-service time. However, teachers in one elementary building received only 1 hour of in-service time and high school teachers 1 1/2 to 2 hours. These shorter sessions did not allow as much time for examples of cases and questions from participants.

D. Student Pre-assessment and Classroom Presentations

In order to control the conditions under which the surveys were administered, teachers were asked to supervise the students as they completed the forms. The timing of the survey was based on two factors: convenience for the staff and proximity to the classroom presentation (K-6 only). Three of the six District B elementary buildings were not included in the analysis of data since it was impossible to include their classrooms in the puppet show before the close of the school year.

Students in grades K-3 in both districts attended a 35-45 minute puppet show presentation conducted by Suicide Prevention Center puppet team volunteers. Because some teachers in both districts had reservations about the appropriateness of a puppet show for the upper grades, an Alternative Elementary Program focusing on the same concepts as those presented in the puppet show was designed for Project Lifesaver. All District A students in grades 4-6 received the Alternative Program; in District B two grade 5 and two grade 6 classrooms received the Alternative program. All District B fourth graders attended the puppet show.

The standard Adolescent Suicide Prevention Program was used in grades 7-12. This 45-55 minute program was presented by Suicide Prevention Center speaking team volunteers and consists of lecture, film, and discussion. The content focuses on the recognition of suicidal behavior and appropriate adult resources for the teen who is faced with a crisis. Two different films were used and evaluated by the students on the post-assessment survey.

E. Post-assessment of all Participants

All staff and student's in both districts completed the post-assessment surveys in late May, 1986. An unexplained difficulty with some secondary school staffs resulted in a lower return than on the pre-assessments. Secondary level student returns were also lower than expected.

With regard to children's preferences for adult and other resources, the survey results showed a strong preference for family and friends at all grade levels, with the choice of "mother" being the top preference in all but grade 6. In grade 6, pre-assessment data showed a 9% decline in the percentage of students selecting "mother" (as compared to grade 5) and a 16% increase in the percentage selecting "best friend." The post-assessment results were similar: a 10% decrease in the selection of "mother" and a 12% increase in the selection of "best friend." These results provide further evidence of the growing independence (from family) of children as they approach adolescence. Although such independence is a healthy and desirable developmental change, it is also the source of much confusion and stress for the child, a situation which may be alleviated somewhat by developmentally-appropriate classroom programs in stress management and coping skills.

Findings of the resources section of the survey also indicate a relatively low preference for teachers and counselors beginning in grade 3. For this reason teachers and counselors need to be trained to identify the "masked" behaviors (hyperactivity, aggression, etc.) typical of a student in crisis, since these overt behaviors may be the first indication that a problem exists.

Secondary Students

An analysis of survey data concerning students' personal experiences with suicidal behavior yielded some results similar to those reported by other researchers. Slightly more than 40% of the pre- and post-assessment respondents reporting having thought about committing suicide (ideation). Ten percent of the pre-assessment respondents and 12% of the post-assessment respondents reported actual suicide attempts. Pre- to post-assessment data comparisons offer no evidence that conducting suicide prevention programs in the school setting increases suicidal behavior in students.

Analysis of the survey items concerning resource preferences yielded some interesting results. In a situation involving a suicidal friend, the top two resources were the friend's parents and the school counselor. However, when asked who they would confide in if they, themselves, were suicidal, a friend was twice as likely to be selected as a parent, and counselors ranked even lower. Most alarming is the finding that one-fourth of the participants would "tell no one" of their own suicidal feelings.

Assessment of the students' knowledge of factual information about suicide shows that secondary students seem to possess a considerable amount of factual information even before attending a suicide prevention program. The results obtained from Project Lifesaver indicate that the level of accurate information possessed by the students in grades 7-12 can be increased as a result of classroom presentations.

RESULTS

Teaching Staff

The results of the pre- and post-assessment surveys of elementary and secondary teachers provide strong evidence of the success of the Project Lifesaver staff in-service programs. Ninety-two percent of the elementary and 100% of the secondary teachers who responded to an in-service evaluation form would, in fact, recommend such an in-service to other schools.

The results of the post-assessment surveys show considerable gains (16%-42%) in the ability of teachers to recognize those symptoms of childhood and adolescent depression and suicide which are often overlooked (i.e. hyperactivity, aggression, inability to concentrate). Considerable gains (13%-57%) were also evidenced in knowledge of factual information about suicide, particularly with regard to children and adolescents. Although the gains in recognition of appropriate crisis intervention skills (2%-14%) were not as large as anticipated, there was still evidence that in-service training increased the number of teachers who recognized the importance of asking students directly about suicidal intent.

Among the resources available to teachers who are dealing with a student in crisis, survey results show the majority of elementary (97% pre; 96% post) and secondary (93% pre; 95% post) teachers listing the school counselor or psychologist as a resource. Post-assessment results for elementary teachers show a sizable increase in the number of teachers selecting the local mental health center (+11%) and a smaller increase in the percentage selecting the Suicide Prevention Center (+5%). Among secondary teachers, considerable increases occurred in the selection of the Suicide Prevention Center (+15%) and the local mental health center (+20%).

Elementary Students

The pre- and post-assessment surveys of elementary (K-6) students produced some unexpected results. Contrary to our expectations that younger students would be more willing to consider crying to be an acceptable means for both children and adults to express sadness, the survey data showed the reverse to be true. On both the pre- and post-assessments, kindergarten students showed the lowest percentage of students affirming the acceptability of crying behavior for themselves, adult women, and adult men, although further research will be necessary to determine whether this is a real developmental difference or a result of using the written assessment procedure with such young children.

ELEMENTARY LEVEL CLASSROOM PROGRAMS

The very idea of a child's committing suicide seems almost incomprehensible to most people, yet the preliminary 1984 suicide statistics released by the National Center for Health Statistics rank suicide as the seventh leading cause of death among persons under fourteen years of age, up from its position of eighth in 1980 (1986). The actual number of such self-intended deaths is virtually impossible to ascertain since the determination of suicide is rarely made during a coroner's investigation of a young child's death.

Teachers in the Project Lifesaver study readily acknowledged the possibility of childhood suicide (95% pre-assessment; 97% post-assessment agreement) and the evidence cited above that childhood suicide rates are increasing (90% pre-assessment; 94% post-assessment agreement). During the course of Project Lifesaver staff in-services, the following suicide-related situations were brought to this researcher's attention:

1. A second grader whose mother had completed suicide when he was four years old. Survivors of suicide, particularly children, are known to be at a significantly higher risk of suicide themselves (Heller, 1981).

2. A principal who expressed concern for a depressed, and possibly suicidal, fourth grader. This same principal also mentioned two incidents of the "accidental" deaths of children, both of whom were known to be living in situations which placed them at high risk for suicide.

3. A school nurse who was concerned about the number of children at the elementary level expressing the feelings of hopelessness (common among suicidal persons) or expressing thoughts about hurting themselves or wishing they were dead. These same concerns were echoed by guidance counselors in the study group.

For these people, and undoubtedly many others in the education profession, the possibility of childhood suicide is not in dispute. The problem lies in deciding on a course of action which is appropriate for the younger child. The main objective of the Project Lifesaver study at the elementary level was to take a look at the Elementary School Puppet Show presently in use by the Suicide Prevention Center, Inc. of Dayton, Ohio, in order to determine the grade levels at which the program was most effective and to refine the program, if necessary, in order to better meet the needs of children in grades kindergarten through six.

PROJECT DESIGN

Elementary School Puppet Show

The Suicide Prevention Center 's Elementary School Puppet Show was designed to capitalize on the teacher's need for a creative and meaningful way to bring death education into the elementary classroom. A more thorough discussion of the child's concept of death and its relationship to suicide is contained in the Center's Children and Suicide (Heller, 1981), but briefly, there may be a connection between the child's concept of death and the likelihood of suicide. Not all children have a fully-developed understanding of the finality and permanence of physical death. Although most researchers agree that children have an awareness of finality in the abstract sense, at least by age 10 (Nagy), this awareness may be colored by the child's distorted views of death in an emotional or personal sense. A child's ability to comprehend this permanence can be affected by media presentations (i.e. cartoons such as "Roadrunner" and actors who die on one show and return next week on another), by religious upbringing involving belief in an afterlife, and by personal experiences involving the death of a pet or a loved one.

Although most suicide prevention classroom programs are directed to the junior and senior high school student, it is the conviction of the Dayton Suicide Prevention Center that the groundwork for later prevention work is best laid in the elementary years. The subject of death is an integral part of the Elementary School Puppet Show, but the primary learning objective is the communication of feelings and the development of strategies and resources for coping with the feelings that arise as a result of separation and loss. It is these resources and coping skills which will be vital as the child enters adolescence and young adulthood.

Prior Research

In 1984, Pam Nath, then of the Suicide Prevention Center, conducted a series of interviews to determine the impact of the Elementary Puppet Show on students in kindergarten through grade 3. Forty-six students had viewed the puppet show prior to the interview; 35 had not. Nath met individually with each subject. Using hand puppets from the show, Nath and the subject created stories which served as the vehicle for obtaining the following information:

1. Causes of death (How did this character die? What other things make animals/people die?)

2. Permanence of death (Is there any way we can make this character better?)

3. Coping skills (Is there anything we can do to make ourselves feel better? Who could you talk to?)

Each interview involved the creation and discussion of two stories, one with an animal as the deceased, the other involving a human death. At the conclusion of each interview, the subject was invited to elaborate on his or her own experiences with death and, if applicable, reactions to the puppet show.

Although a formal analysis of the data was not carried out, a review of the raw data yielded the following information about the children's concept of death for both animals and humans. Information for 8 subjects was not available.

CONCEPT OF PERMANENCE: HUMAN AND ANIMAL DEATH

	Experimental Group	Control Group
KINDERGARTEN	n=11	n=6
Both are permanent	n=6 (55%)	n=2 (33%)
Neither is permanent	n=1 (9%)	n=3 (50%)
Uncertain for one or both	n=3 (27%)	n=1 (17%)
Yes for animals; no for humans	n=1 (9%	n=0 (0%)
GRADE 1	n=11	n=6
Both are permanent	n=9 (82%)	n=3 (50%)
Neither is permanent	n=0 (0%)	n=0 (0%)
Uncertain for one or both	n=2 (18%)	n=3 (50%)
Yes for animals; no for humans	n=0 (0%)	n=0 (0%)
GRADE 2	n=12	n=7
Both are permanent	n=8 (67%)	n=7 (100%)
Neither is permanent	n=0 (0%)	n=0 (0%)
Uncertain for one or both	n=4 (33%)	n=0 (0%)
Yes for animals; no for humans	n=0 (0%)	n=0 (0%)
GRADE 3	n=12	n=8
Both are permanent	n=8 (67%)	n=6 (75%)
Neither is permanent	n=0 (0%)	n=0 (0%)
Uncertain for one or both	n=4 (33%)	n=2 (25%)
Yes for animals; no for humans	n=0 (0%)	n=0 (0%)

Several observations made during the course of the interviews are important, since these factors may have influenced the findings:

1. Some children created fantasies that did not fall into line with their responses to more direct questions. One student actually admitted making up a story for Nath's benefit.

2. Some children were confused by the use of a caterpillar and a butterfly in one of the puppet show skits. These children appeared to have a poorly-developed concept of permanence when questioned using the caterpillar and the butterfly puppets, yet seemed to show no corresponding confusion when a human puppet was used.

3. Many students mentioned two factors which may have influenced their perceptions: religious beliefs and an awareness of sophisticated medical technology. It is possible that some students who had verbalized an apparent lack of understanding about permanence may have actually been unable to verbalize the reasons behind this seeming lack of understanding.

The Project Lifesaver Survey

In an effort to eliminate the problems of the Nath study, the written surveys developed for use in grades K-6 used no stories or situational examples and did not reference the puppet show directly. Items were written as simply and factually as possible and a picture format was used for grades K-2 to eliminate any bias due to reading ability. The K-2 survey also contained fewer items than the form for grades 3-6 because the teachers who helped design the survey felt that too many items might generate confusion among younger students, which in turn might affect the survey results.

Ideally, elementary level students would have been surveyed using an interview technique similar to that used by Nath. This would eliminate inaccurate responses due to the student's misunderstanding of the item and would allow the interviewer to glean additional information to clarify students' responses. To do this, however would require staffing resources unavailable to the Suicide Prevention Center. A suggestion was made to the administrators and teachers in each district that a random sample of students would be used for such interviews. This was deemed unacceptable by both school systems for two critical reasons:

1. Classes would be interrupted as students were pulled out for the interviews.

2. More importantly, parents may question the sampling procedures, perhaps assuming that those children singled out for the study were being identified as "at risk" or that such identification may occur as a result of the interview.

The final decision was to develop brief written surveys and administer them to all students whose parents did not specify that their child not take part in the study.

Pre-assessment surveys were administered by each classroom teacher during the two weeks prior to the puppet program. Administration procedures were clarified during the staff in-service and, if necessary, in teacher leader meetings at the building level. Students were post-assessed in late May, again by the classroom teacher. Time between pre- and post-assessment varied from 3 months (District B) to 3 days (District A) due to scheduling of the puppet show.

The Subjects

A total of 864 elementary students (District A=2 buildings; District B=3 buildings) participated in the pre-assessment survey; 792 participated in the post-assessment. With the exception of a small number of students who may have been absent from school on the day of the classroom presentation, all those filling in the post-assessment survey had seen the presentation. Students whose parents did not allow attendance at the classroom presentation (Known n<25=2% of total available students) did not participate in either the pre- or post-assessment surveys.

	District A		District B	
	Pre	Post	Pre	Post
Total number	557	543	903	851
Males	284	286	*475	451
Females	273	257	*426	400
Grade levels**				
K	97	90	87	131
1	66	30	148	91
2	51	93	138	139
3	57	75	96	119
4	87	87	145	117
5	96	91	143	117
6	103	61	137	124

* The discrepancy noted when the number of males and females are added is the result of forms with no sex indicated in the space provided.

** Although some fluctuation between pre- and post-assessment numbers may be the result of normal absences on the days surveys were completed, the discrepancies of more than 25 are believed to be the result of entire classrooms failing to complete the surveys, for reasons unknown to the research team.

Classroom Presentations

The original design of the study called for the exclusive use of the Elementary School Puppet Show in grades K-6 since the primary objective was to determine the grade levels at which it was most effective. During the planning stage, however, several teachers of older students in both districts expressed a concern that their students might find the puppet show childish and that this might affect both the student's responses on the survey and during the performance. For this reason, a discussion format, based on the puppet show objectives, was developed using input from SPC staff and volunteers and several teachers. This new format was used exclusively (at teacher request) in grades 4-6 of District A and in grades 5 and 6 of one district B school selected by the researcher.

RESEARCH RESULTS

Cautionary Note

Several points must be considered when intepreting the assessment survey results:

1. No attempt was made to test the validity of the K-6 survey instruments. Ideally, a small sample of students at each grade level should have taken the written survey and then been interviewed using techniques similar to those used in Nath's study. The districts involved in this study did not allow random sampling out of a concern that to do so might give some parents undue concern about the basis on which the sample was drawn. Time and resources did not permit this test sampling to be completed on a similar population in another district.

2. Several teachers in each district expressed the concern that to ask about the finality and permanence of death would skew the survey results since so many (they believe) students have a religious background which includes a belief in life after death. The concern was that some children may have difficulty distinguishing between physical death and spiritual afterlife.

3. The results of the K-2 survey were heavily dependent upon the teacher's intepretation of the instructions. Teachers commented that some children had difficulties with the picture page. Some children simply marked everything; others felt they had to make a picture in the blank and drew someone they had already circled or drew "just a picture". Other teachers noted that some children were confused by Y and N (selected because they are less value-laden than smiling and unsmiling faces) and may have marked responses randomly or without paying attention to the questions.

Expression of Feelings

Items 1-5 (grades K-2) and items 4-8 (grades 3-6) were designed to elicit information about the acceptability of open expression of those feelings frequently experienced during times of loss. "Crying" was selected as the term of choice since such behavior is not equally acceptable among all subgroups of the American population, males in particular. The hypotheses were that students in the higher grades would be less inclined toward open expression of feelings than lower-grade students, and that males would be less inclined toward open expression of feelings than like-grade females. With regard to the effect of school district on the responses to these items, differences were anticipated, although no supposition was made as to which district would have the higher percentage of affirmative responses. The hoped-for effect was an overall increase in the percentage of students inclined toward the open expression of feelings.

Item: It is OK for me to cry when I feel sad.

Among K-2 students, the percentage of those responding affirmatively was significantly higher in District A than in District B. Among older students (grades 3-6) this difference between school districts did not occur. Percentages of affirmative responses were also higher for older students in District B, than they had been for younger District B students.

	District A		District B	
	Pre	Post	Pre	Post
Grades K-2	92%	95%	77%	83%
Grades 3-6	95%	95%	91%	95%

In order to test the hypothesis that older children would be less willing than younger children to consider tears an acceptable response to sadness, individual grade levels were analyzed using the Chi-square test. The findings show the reverse to be true for this population. Older children gave more affirmative responses to this item than the youngest (Kindergarten) children in the sample.

Percentage of Affirmative Responses by Grade Level

	K	1	2	3	4	5	6
Pre-assessment	73%	89%	92%	92%	90%	95%	93%
Post-assessment	74%	97%	96%	92%	97%	95%	95%

A look at these results also indicates that among these youngest children, those with the lowest acceptance level (Kindergarten) are also among the grades showing little or no pre- to post-assessment change. It would not, however, be necessary to presume that this lack of change implies a lack of success for the Puppet Show program. Far more likely is the possibility that more than one experience with these materials and concepts would be needed in order to effect any appreciable change, if in fact change is possible at all with children at this developmental stage.

Although females did have a higher percentage of affirmative responses to this item than like-grade males, and both males and females did show an increase in percent of affirmative responses from pre- to post-assessment, for the most part these findings indicate trends rather than statistically significant differences.

Percentage of Affirmative Responses by Sex of Respondents

	K-2 Males	K-2 Females	3-6 Males	3-6 Females
Pre-assessment	80%	85%	88%	97%
Post-assessment	86%	90%	92%	98%

Only the difference between males and females in grades 3-6 proved to be significant to the .001 level. It is safe to say, however, that regardless of the sex of the respondents in this study, older students registered a higher percentage of affirmative responses to the statement, "It is OK for me to cry when I feel sad." It appears from these percentage differences that the difference between males and females would be similarly significant if K-2 and 3-6 data were compared using sex as a variable. However, the format used for creating data files did not allow for such an analysis.

Item: It is OK for adult women to cry when they feel sad.

No significant differences or changes were found among the responses of students in grades 3-6. Regardless of grade, sex, or school district, over 90% of the respondents replied affirmatively to this item on both the pre- and post-assessments.

The response pattern among K-2 students was similar to that found for the previous item (It is OK for me to cry when I feel sad.). District A students in grades K-2 had a higher percentage of affirmative responses on both the pre- and post-assessments than K-2 students in District B. When pre- to post-assessment change is studied, both districts show a positive gain in the percentage of affirmative responses.

Percentage of Affirmative Responses by School District

	District A	District B	Significance of Difference
Pre-assessment	88%	78%	.011
Post-assessment	95%	89%	.021
Significance of change	.015	.0001	

K-2 females in both districts showed a slightly higher percentage of affirmative responses compared to K-2 males. Both males and females in grades K-2 showed a significant positive increase in affirmative responses when pre- and post-assessments are compared.

Percentage of Affirmative Responses by Sex of Respondents

	K-2 Males	K-2 Females	3-6 Males	3-6 Females
Pre-assessment	79%	85%	97%	98%
Post-assessment	89%	94%	96%	97%
Significance of change	.002	.006	.209	.638

As with the previous item, Kindergarten students had a lower percentage of affirmative responses to the Item: "It is OK for adult women to cry when they feel sad", than any other grade level. Pre- to post-assessment change was significant in grades Kindergarten and 2.

Percentage of Affirmative Responses by Grade Levels

	K	1	2	3	4	5	6
Pre-assessment	76%	85%	85%	95%	90%	97%	98%
Post-assessment	86%	96%	94%	94%	99%	100%	98%
Significance of change	.013	.009	.001	.452	.089	----	----

Item: It is OK for adult men to cry when they feel sad.

At all levels (K-2 and 3-6) District A students began with a higher percentage of affirmative responses than District B students on the pre-assessment. Although District A percentages for grades K-2 remained higher than District B percentages on the post-assessment, no similar difference occurred among grade 3-6 student responses to the post-assessment item. At this upper grade level, District B students registered an increase in affirmative responses, while District A percentages remained constant.

Percentage of Affirmative Responses by School Districts

	District A		District B		Significance of Difference	
	K-2	3-6	K-2	3-6	K-2	3-6
Pre-assessment	85%	93%	71%	84%	.0001	.041
Post-assessment	89%	92%	82%	93%	.001	.909
Significance of change	.121	---	.001	.002		

As with the other two items about crying behavior, females at both grade levels (K-2 and 3-6) showed a higher percentage of affirmative responses than like-grade males. As the chart below indicates, the most significant degree of change occurred among males in grade K-2. Females in grades K-2 changed, although with a lower level of significance. No significant change occurred among the older (grades 3-6) students of either sex.

Percentage of Affirmative Responses by Sex of Respondents

	K-2 Males	K-2 Females	3-6 Males	3-6 Females
Pre-assessment	73%	80%	83%	93%
Post-assessment	82%	87%	89%	96%
Significance of change	.005	.033	.056	.149

More fluctuation of percentages on the pre-assessment was observed for this item about the acceptability of male crying behavior than for the previous two items when grade level is analysed. This fluctuation did not occur on the post-assessment for grades 1-6, although again the Kindergarten students reported the lowest percentage of affirmative responses on both the pre- and post-assessments. For this item "It is OK for adult men to cry when they feel sad", statistical analysis showed the Kindergarten percentages to have been significantly (.0001) lower than the other grade levels on the post-assessment.

Percentage of Affirmative Responses by Grade Levels

	K	1	2	3	4	5	6
Pre-assessment	70%	81%	76%	82%	87%	92%	88%
Post-assessment	73%	94%	91%	90%	90%	94%	94%
Significance of change	.812	.003	.001	.045	.427	.324	.155

Analysis of the Results of Responses to Items on Crying Behavior

The first hypothesis, that upper grade students would be less likely to accept crying behavior, did not prove valid for this population. On all three items asking students about their willingness to accept crying behavior as an expression of sadness for themselves or adults of either sex, Kindergarten students had the lowest percentages of affirmative responses among the seven grade levels participating in the pre- and post-assessments. Caution must be exercised in interpreting this finding, however. The difference between Kindergarten and first grade ranges from 9% to 23% for any pre/post comparison. Similar differences in percentages are not found to this extent when comparisons are made between other consecutive grade levels. Further study will need to be done in order to determine whether this difference between Kindergarten and first grade is truly a developmental difference, or to some extent a result of the written assessment procedure. Teachers of Kindergarten students reported more problems with student understanding of the testing procedure than teachers of any other grade level. Additionally, Kindergarten teachers also reported more students having difficulty focusing on the puppet show and discussion than teachers of any other grade level. These influences are discussed in detail later in this report.

The second hypothesis, that females would be more accepting of crying behavior than males at both the K-2 and 3-6 levels, was supported by the results of this study, although the difference between sexes did not prove to be statistically significant for all three items.

As hypothesized, a difference did occur between school districts on both the pre- and post-assessments, but only for students in grades K-2. Among K-2 students, those in District A had a higher percentage of affirmative responses than District B K-2 students for all three items, on both the pre- and post-assessments. Among grade 3-6 students only one difference occurred between the two districts: For the pre-assessment item on male crying behavior, District A students reported a higher percentage of affirmative responses than District B students. No similar difference occurred on the post-assessment, however, since the change in District B responses matched the 92% level of the District A students.

These findings seem to suggest that both developmental and environmental factors have an influence on elementary students' acceptance of crying behavior. If the influence were primarily environmental (i.e. school district), then the differences between the school districts which occurred in grades K-2 should have remained when the 3-6 data was analyzed. If the influence were primarily developmental, then these school district differences would probably have been minimal. This population appears to be influenced by a combination of environmental and developmental factors, particularly at the early elementary (K-2) levels. By the time students have reached the upper (3-6) grade levels, the relatively high percentage of affirmative responses when all three variables (sex, grade, school district) are analyzed suggests that students' acceptance of tears as an expression of sadness has stabilized at a comfortably high level.

The influence of attendance at the Elementary School Puppet Show or the Alternative Elementary program can be implied from the pre/post changes since 84% of the District A and 86% of the District B students who completed the pre-assessment are assumed to be among those who saw the program and completed the post-assessment. The changes occurring among students in grades 3-6 were negligible; however, the percentages were consistently high (above 80%). If we accept the premise that upper elementary students have already formed a value system with regard to the acceptability of crying, then we cannot expect much change as the result of one 40-minute presentation.

Far greater pre- to post-assessment change occurred among students at the K-2 levels, particularly students in grade 1, who showed a significant positive change on all three items. Again, if we accept the premise that younger children have not yet formed a fully-developed value system with regard to crying behavior, then it is entirely possible that some degree of change could be effected as a result of a 40-minute presentation. This would be especially likely among students who are developmentally ready to accept a change in values or those who are with a classroom teacher who provides follow-up activities or discussion to reinforce the message of the Elementary Puppet Show or Alternative Program. Further research under more controlled circumstances would be required to test this hypothesis.

Resources

One major objective of the Elementary School Puppet Show is to increase the child's network of adult resources so that in the event the preferred adult is unavailable, other people can be a source of support in times of crisis. Research by Charlotte Ross (Peck, Farberow, and Litman, 1985) has shown that secondary level students overwhelmingly chose their peers over either family members or school personnel when asked who they would confide in if they or a friend felt suicidal. The hypothesis was that elementary-age students would show a stronger preference for family members and school personnel at the early grade levels and that this preference would decrease as the students approached adolescence. The charts below summarized the most significant findings of the pre- and post-assessment surveys. A discussion of the results follows each chart.

Top Three Resources Among Elementary Age Children

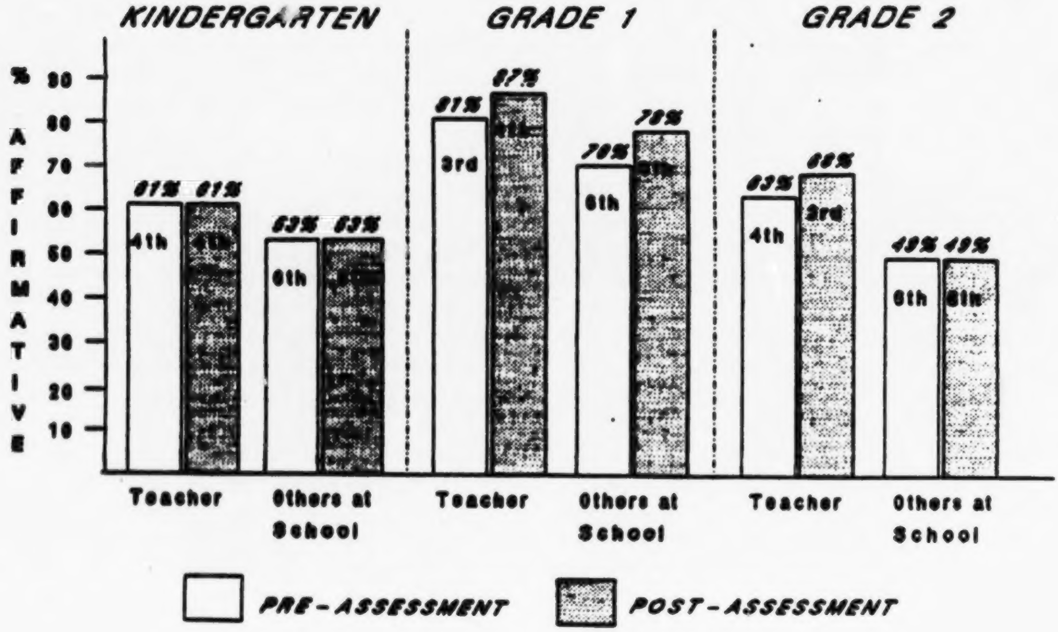
	Pre-Assessment	Post-Assessment
Kindergarten:	1. mother 85%	1. mother 83%
	2. father 72%	2. father 70%
	3. friend 62%	3. friend 66%
Grade 1:	1. mother 96%	1. mother 98%
	2. father 85%	2. father 90%
	3. teacher 81%	3. friend 90%
Grade 2:	1. mother 88%	1. mother 88%
	2. father 79%	2. father 79%
	3. friend 71%	3. teacher 68%
Grade 3:	1. mother 89%	1. mother 86%
	2. father 62%	2. father 72%
	3. friend 58%	3. other family members 63%
Grade 4:	1. mother 85%	1. mother 79%
	2. father 58%	2. pet 59%
	3. friend 53%	3. father 53%
Grade 5:	1. mother 82%	1. mother 82%
	2. father 55%	2. friend 60%
	3. friend 54%	3. other family members 53%
Grade 6:	1. mother 73%	1. friend 72%
	2. friend 71%	2. mother 70%
	3. father and other family members 47%	3. family members 51%

The hypothesis that elementary-aged students would show a strong preference for family members and school personnel as resources in a situation involving loss was partially borne out by this study. Mother, father, and other family members made up 70% (30 of 43 selected resources) of the top 3 resources among students in grades K-6. Mother and father are among the top 3 resources of students in grades K-4 on both the pre- and post-assessments, and both appear in the pre-assessment results for students in grades 5 and 6. That this preference for family members would decrease as students approach adolescence is shown by the grade 6 data; on both the pre- and post-assessments mother and friend prove to be equally important as resources. Although mother and friend were also listed as the top two preferences of fifth grade students, the percentage gap between the two was considerable: 27% on the pre-assessment, 22% on the post-assessment. It should be noted, however, that friends are among the top 3 resources on all K-6 pre-assessments and on the post-assessments of grades K, 1, 5, and 6. The difference is in the percentage and placement of friends relative to mother, father, and other family members. It is not until grade 6 that friends begin to equal the mother in importance.

Although the preferences for school personnel as resources showed the hypothesized decline as grade level increased, the actual ranking of school personnel among the preferred resources was much lower than expected, beginning at the third grade level. The most reliable comparisons can be made for the placement of "teacher" among the resources at each grade level since the terms "principal" and "school counselor" were not introduced on the K-2 assessment forms.

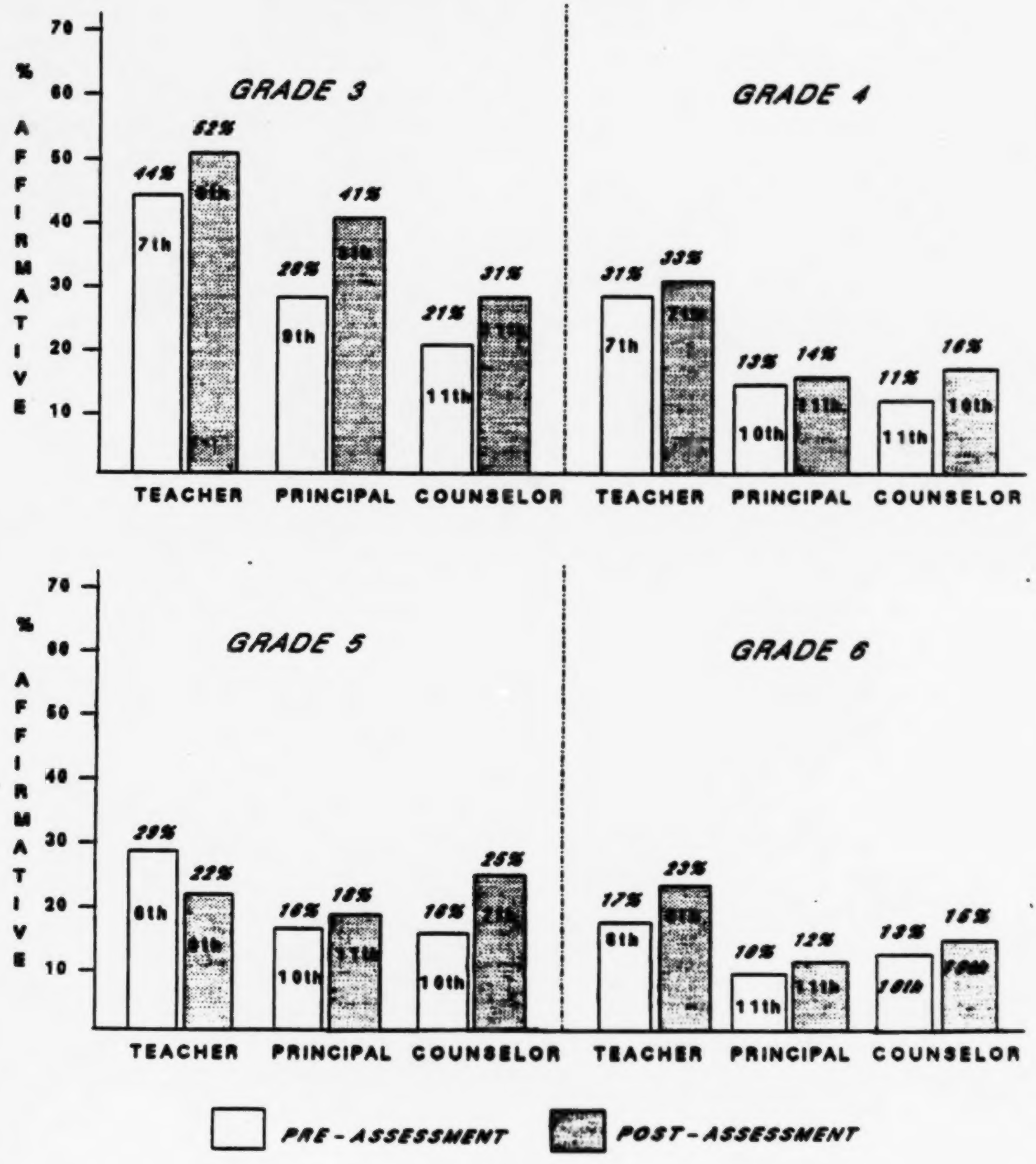
SCHOOL PERSONNEL AS RESOURCES: Grades K – 2

(Rankings Based on 7 Resource Options)

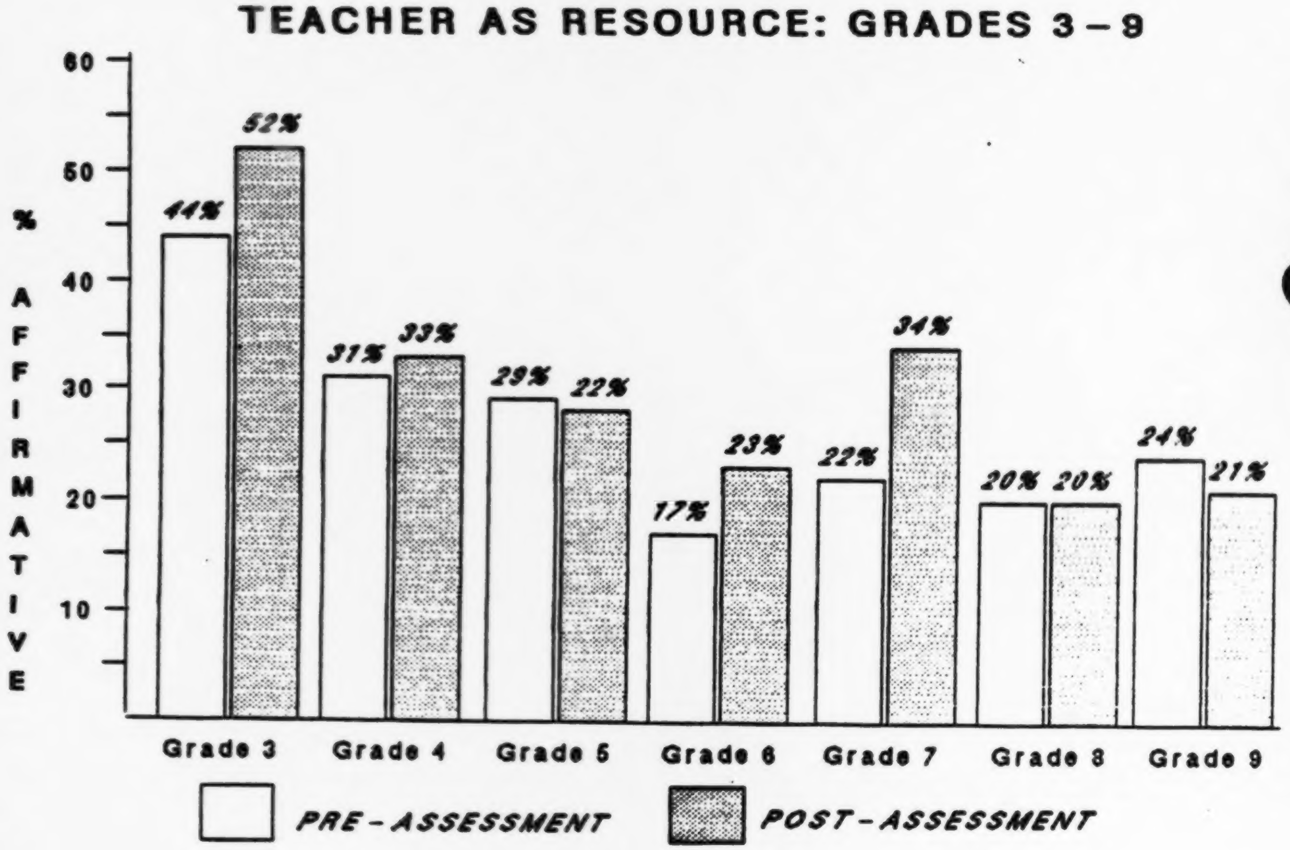


SCHOOL PERSONNEL AS RESOURCES: Grades 3 – 6

(Rankings Based on 11 Resource Options)



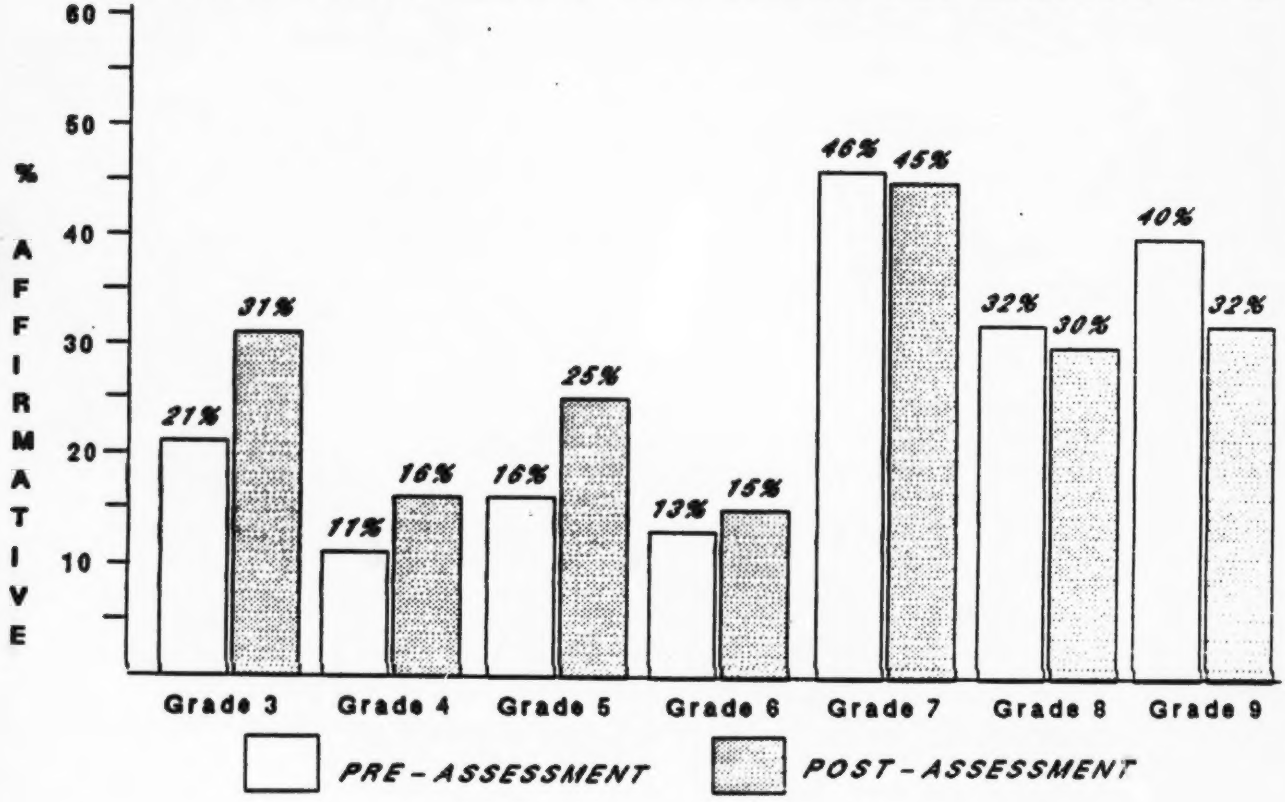
Although teachers fared well in the rankings of K-2 students, they fell dramatically in importance beginning at the third grade level. The percentage of students in the fifth and sixth grades who listed teacher as resource is similar to percentages derived from students in grades 7-9. By the time students in this study were in the fifth and sixth grades, the percentage of those listing teacher as a resource are similar to those of students in grades 7-9. In addition, the positive pre/post change was greater among seventh graders than among sixth graders. This comparison must be made with caution, however, since the 7-9 program was more specific to the issue of suicide.



TEACHER AS RESOURCE: GRADES 3 - 9

School counselors were included as a resource option for students in grades 3-6 and 7-12. The chart which follows shows a great difference between elementary (3-6) and secondary (7-12) students. One major factor in this discrepancy, however, is the availability and visibility of school counselors at the elementary level. In both participating districts no counselor was available on a daily basis at any one elementary building; counseling services were shared among the buildings in the district. Further study needs to be conducted comparing students with daily access to a school counselor with those who do not have access to determine the extent of actual differences in preferences as grade level increases.

SCHOOL COUNSELOR AS RESOURCE: GRADES 3 - 9



The basic triad of mother-father-family/friend is predominant among the participants in both school districts. Pet and teacher were also included among the top 3 resources of students in District A. A few differences were noted between districts in each of the two grade level groupings (K-2 and 3-6).

Top 3 Resources by School Districts

	District A	District B
K-2		
Pre-assessment	1. mother 94%	1. mother 85%
	2. father 88%	2. father 70%
	3. friend and pet 81%	3. friend 69%
Post-assessment	1. mother 96%	1. mother 85%
	2. father 92%	2. father 74%
	3. teacher 79%	3. friend 66%
3-6		
Pre-assessment	1. mother 82%	1. mother 81%
	2. friend 62%	2. friend 58%
	3. father 60%	3. other family members 53%
Post-assessment	1. mother 80%	1. mother 76%
	2. father 64%	2. friend 58%
	3. pet 63%	3. other family members 56%

Among K-2 students, the percentage of students selecting both mother and father was higher for those in District A than in District B. Chi-square analysis of data shows that the differences in the percentages of students in each of the districts who selected mother and father as resources was significantly higher in District A (.002). Among students at the upper elementary grade levels (3-6), father was included in the top 3 resources only of students in District A. This difference between the districts in the selection of father as resource is significant at the .005 level.

One possible explanation for these differences between districts may be a higher number of single-parent homes in District B relative to the number of families in the district. Family structure demographics were not available for this study, nor was it an objective of the Project Lifesaver study, so this explanation remains conjecture.

When sex is used a variable for an analysis of the survey data, the same mother-father-family/friend pattern persists.

Top 3 Resources Using Sex of Respondents

	Males	Females
K-2		
Pre-assessment	1. mother 89%	1. mother 90%
	2. father 79%	2. father 79%
	3. friend 71%	3. friend 70%
Post-assessment	1. mother 88%	1. mother 89%
	2. father 81%	2. father 77%
	3. friend and teacher 71%	3. friend 73%
3-6		
Pre-assessment	1. mother 82%	1. mother 81%
	2. father 63%	2. friend 68%
	3. friend 51%	3. other family members 55%
Post-assessment	1. mother 78%	1. mother 77%
	2. father 61%	2. friend 70%
	3. pet 54%	3. other family members 56%

Among K-2 students male and female responses were similar and remain constant when pre- and post-assessments are compared. The preference for mother was similar when male and female students in grades 3-6 were compared; this same group of males and females differed with respect to their preferences for father, friends, and other family members. Among these older students the percentage of males selecting father as resource was significantly higher (.0001) than that of females on both the pre- and post-assessments (Males: 63% pre/61% post; Females: 46% pre/48% post). A similar level of significance (.0001) occurred when "best friend" is the resource: females had a much higher percentage (68% pre; 70% post) selecting best friend as a resource than males in grades 3-6 (51% pre; 50% post).

Sex of respondent, then, appears not to be an influential factor among young (K-2) students, but seems to increase in importance during the later elementary years.

During these later grades, many girls appear to have begun to shift their reliance from the family to the peer group; many boys seem to continue to rely on either or both parents more so than on peer group support.

Resources: Implications for the Educator

Since educators as resources (teachers, counselors, principals, and "other people at school") placed no higher than 4th on any resource listing in this study, school personnel need to be aware of their increasingly limited influence as students progress through the grades. Counselors and principals were consistently at the bottom of the list, despite the puppeteers' and speakers' care in being sure to include these people as resources during the classroom presentations. Although no reasons for this low preference for school personnel can be determined from an examination of the survey data, some relevant information can be gleaned from actual classroom work:

1. Role definition: When asked what a "school counselor" does, many elementary age students are unable to give a specific description, responding only with "They help kids" or "They're the school shrink." Clearly, the role of the counselor needs to be defined for the students. Similarly, many students have misperceptions about the principal's role as a helping professional, frequently seeing this person as primarily the school "disciplinarian" or "organizer."

2. Availability: Many elementary schools do not have a building counselor or share counseling services with several other buildings. Counselors working in shared-time situations are most likely absorbed in regularly scheduled appointments and are unlikely to be accessible to the majority of students. A principal's availability as a resource person is defined by his or her own perception of the role. Some do not choose to be available to their students in this way; most simply do not have the time they would like to have available for this purpose because of administrative demands.

3. Past experiences: Any individual is most likely to indicate a preference for loved ones in time of crisis; children are no exception. Such a preference for family support is desired and encouraged in the Elementary School Puppet Show. However, it is still desirable to encourage the child to consider non-family sources of support for those times in which the preferred family member may be unable to offer support: a death which affects the entire family, or a situation in which the family is a part of the problem.

These findings have particular relevance for the educator in the school setting. Many depressed or suicidal children mask their feelings with other behaviors, behaviors which frequently occur in the school setting as hyperactivity, hostility and aggression, and accident-proneness, as well as the classic symptoms such as withdrawal from peers and activities (Heller). This by no means implies that all such acting-out children are at risk for suicide, but these behaviors are signals that should prompt the educator to search for the underlying cause of the behavior in question. This is especially important if the child has undergone a major change in lifestyle (i.e. divorce, severe illness, death in the family, impending move) or if the behavior is a sudden and dramatic change from the child's normal behavior.

If the child is most likely to communicate distress to a family member or peer (who may or may not choose to communicate with the school), then the teacher may blindly attempt to control these overt behaviors with traditional means of school discipline, which places greater stress on the child in crisis, the teacher, and other children in the classroom. Even more importantly, if the child in crisis elects to tell no one of the crisis (a situation not found in the Project Lifesaver study), the classroom teacher may be faced with a situation in which he or she must initiate the assessment and referral process. Thorough training in the recognition of behaviors indicative of a depressed or suicidal child is an essential component of the school-based death education/suicide prevention program in order to ensure that the cries of these children are heard.

Death Education

Formal death education programs are not commonly found in the elementary school, yet research cited in the introduction to this chapter points out the importance of presenting factual information about death and dying in a non-threatening manner. That a fairly high number of children are interested in the topic is evident from the responses of third through sixth graders to the final survey item: "Sometimes I have questions about death and dying." On both the pre- and post-assessments, affirmative responses ranged from 67% (grade 4) to 79% (grade 3), with grades 5 and 6 falling in-between.

Since the acceptance of the finality of physical death is a developmental issue, little pre- to post-assessment change was expected due to the short time period of this study. Research by various child psychologists (cited in Heller, 1981) indicates that children begin to comprehend the finality of death between the ages of 5 and 9, but that they may not achieve a full understanding of this finality until as late as age 14. Based on this information, we expected to find the lowest percentage of students affirming the finality of death to be at the Kindergarten level, with the percentage increasing through the higher grades. We did not anticipate a pre- to post-assessment change of significance. The concept of the finality of death was measured with respect to both animals and humans.

K-6 Responses to the Item: "When an animal dies, it stays dead."

Pre-assessment (Rank-ordered)	Post-assessment (Rank-ordered)
91% Grade 3	95% Grade 1
89% Grade 2	92% Grade 3
88% Grades 1 and 5	91% Grade 2
87% Grade 4	87% Grade 4
85% Kindergarten	86% Grade 5
84% Grade 6	85% Grade 6
	83% Kindergarten

K-6 Affirmative responses to the Item: "When a person dies, they stay dead."

Pre-assessment (Rank-ordered)	Post-assessment (Rank-ordered)
91% Grade 1	93% Grade 1
90% Grade 3	91% Grade 2
87% Grades 2 and 4	87% Grade 3
85% Grade 5	83% Grades 4 and Kindergarten
84% Kindergarten	81% Grade 5
81% Grade 6	78% Grade 6

As expected, the percentages of Kindergarten students affirming the permanence of both animal and human death was low in relation to most other grade levels. What was not anticipated was the similarity in the percentages obtained from the Kindergarten and Grade 6 samples. Contrary to the hypothesis, the highest affirmation of permanence occurred among students in grades 1, 2, and 3, with a slight decline in percentages appearing in the data from grades 4, 5, and 6.

One possible interpretation for these grade-level findings was suggested independently by teachers in both school districts who had been present during the classroom discussions at the fifth and sixth grade levels. Several teachers pointed out that as students in their classrooms completed the surveys, they had inquired about the words "stay(s) dead," commenting that after one dies they "go to heaven" or are "with God and their loved ones." A similar discussion concerning the possibility that children might confuse physical death with their personal religious beliefs about a spiritual afterlife took place during the teachers' planning sessions in which the surveys and program format had been discussed.

Since the Elementary School Puppet Show and the Alternative Elementary Program do not include any mention of religious beliefs (unless initiated by a student), this factor was not considered in the design of the pre- and post-assessments. It would be inappropriate at this time to conclude that any trend toward a decreasing understanding of the permanence of physical death exists as children move into pre-adolescence. It is possible that religious training influences the child's perception of death. Additional research which separates physical and spiritual understandings of death needs to be conducted in order to increase understanding of this trend noted in the Project Lifesaver study.

Permanence of Death: School District and Sex of Respondents as Variables

Among the grade 3-6 students, neither school district nor sex of respondents correlated with the animal and human permanence items on this survey. Responses remained constant on both pre- and post-assessments for these students.

Some significant differences were noted among students at the K-2 level. District A students had a significantly higher percentage of affirmative responses to the animal permanence item on the pre- (.004) and post-(.011) assessments than K-2 students in District B. This difference between districts also occurred for the human permanence item on the pre-assessment (.011) although the percentage of District A affirmative responses was not significantly higher than that of District B students on the post-assessment (.070).

Sex of respondents was not found to be significant for grade K-2 students.

EXPERIENTIAL RESULTS

Although statistical analysis of the survey data provides some evidence that elementary level death education has a place in the classroom, the most compelling evidence of the program's effectiveness comes from the participants themselves.

The Puppeteers

The volunteers who conducted the Elementary School Puppet Show reported few negative situations and these were confined largely to relatively minor problems such as scheduling mix-ups or disruptions caused by an unexpected fire drill or other school activity. Puppeteers did note several key considerations which affect the appropriateness of the program at different grade levels:

1. Students in kindergarten and grade 1 have short attention spans and in some instances had a hard time staying on task during the discussion. Students in these two grade levels sometimes became so involved in the discussion of pet death prompted by the first skit that they were unable to shift focus to human death, even after viewing the second skit.

2. Students in grades 2, 3, and 4 were consistently eager and enthusiastic participants in the discussions following the puppet skits.

3. Students in grades 5 and 6 occasionally needed more prompting and encouragement at the beginning of the discussion and were sometimes more reserved than the younger children. However, very few refused a hug from a puppet (the traditional ending to the show) and several gave a hug to the puppeteers!

Additionally, the puppeteers found that teacher attitude toward puppets and/or the program concept played a large role in shaping the students' responses. In general, in those classrooms in which the teacher removed him or her self from the group by grading papers or otherwise indicating withdrawal from the activity, students were less attentive and the level of active participation was affected.

Before beginning a puppet show in any classroom the puppeteers talked briefly with the teacher to determine what special situations (i.e. recent or painful losses) might need to be addressed and to prepare themselves for any strong reactions a particular child may have to the material. The most common losses mentioned by teachers were the death of a grandparent, parental divorce, and moving or changing schools. In one school a second grade child was identified as a survivor of his mother's suicide death when he was four years old. In a kindergarten classroom one girl began to cry during the performance and was taken outside the room by the teacher. It was later learned that this child had been abandoned by her mother and was presently living in a foster home. Although she was receiving counseling three times a week (once in the school and twice at a local agency), her grief was profound.

It is situations such as these which make it essential that the person(s) conducting an elementary level death education program be made aware of the losses which may affect the students. If the classroom teacher or school counselor elects to use the Elementary School Puppet Show as a part of the regular curriculum, a review of each student's records would alert them to potential crisis situations.

Although difficult situations do arise, the majority of the puppet shows conducted during this study were interesting and pleasurable experiences for all the participants. One of the puppeteers' most heartening experiences occurs at the ending of each performance when the puppets are brought into the audience to say "good-bye" with hugs and kisses. Although a handful of children are initially reluctant (one fourth grader actually hid under a desk!) almost all are delighted to participate. Many also hug the puppeteers. Although our culture seems to give boys the message that displays of affection are not "manly," as many boys as girls are seen eagerly touching the puppets. In two different sessions within fifth grade classrooms a boy said in response to the inquiry, "What kind of things make you happy?", "A HUG!"

The Alternative Elementary Program

All classroom presentations using the Alternative Elementary Program were conducted by the Project Lifesaver Coordinator and one SPC volunteer. The overall feeling is that a discussion-type format can be effective at the upper (grades 4-6) elementary levels, but that the presenter must be highly trained for the task since the presentation will stand alone, with no puppet show, dramatization, or film to reinforce the concepts. No suitable film was available to the SPC staff at the time of this project, although there are a number of films available to educators through their school or public libraries which could serve as a springboard for discussion. This would necessitate a longer class period or a program several days in length, another limiting factor in the present study.

The option of including role play activities in the program was discussed in the planning sessions but was rejected on the advice of a school psychologist participating in the study. The concern was for the student who may identify too strongly with a role involving a death (setting up a fear-invoking situation) or for the student who portrays such a role, suffers a similar loss shortly thereafter, and surmises that the playing of the role precipitated the subsequent loss. Although the probability of this happening was remote, the risk was not worth taking. An alternative solution involving the services of a high school drama group was discussed, but found to be impractical given the time constraints of the study.

Presentations were made in four grade 4 classrooms (District A only), six grade 5 classrooms (2 District B; 4 District A), and four grade 6 classrooms (2 per district). All but two fifth grade classes, both in District A, were found to be very receptive to the program. These two groups were more subdued and were drawn into discussion with difficulty. SPC policy does require the presence of the teacher during a classroom discussion. In these classes (both with the same teacher) it is possible that the presence of the teacher was an inhibiting factor, but it is equally possible that classroom dynamics were at work here. Every class has a distinct personality created by daily interactions among the students; some classes are simply more reserved than others. It is possible that an extended program of several days duration would allow the presenter to break through these reservations with a resultant increase in overall responsiveness.

Some differences between the two districts were noted with regard to the types of losses listed by students during discussion. In District B the mention of death as a loss precipitated more examples of violent death, particularly among sixth graders, although the total number of such responses was still small. Fifth graders in District B did not make similar references to violent deaths, so age may be a greater factor than environment. The death losses most frequently mentioned in both districts were the death of a pet and the death of a grandparent, two experiences common in the lives of older children. Students in both districts also mentioned divorce-related losses with equal frequency. Only in District A, with a higher percentage of professional parents, did the subject of parental loss due to business trips receive attention; this was centered in one particular fourth grade classroom and seemed to be a personal agenda for two students.

One critical factor in using a discussion format with elementary age students is the ability of the facilitator to balance the need to keep the discusson moving in the planned direction and the need of the students to discuss issues of special concern to themselves. In their evaluation of the program, several teachers commented that a handful of students seemed to dominate the discussion. It should be noted, however, that such behavior is common to any large group discussion; those who are most verbal or outgoing in the regular classroom environment will tend to respond in a similar manner to a speaker's presentation. Many times this dominating behavior can serve to alert the teacher to a crisis situation which can be attended to individually after the discussion, or immediately if it seems warranted. Requiring the teacher to remain with the class during the program assures the presenter that such needs can be handled appropriately.

One fourth grade discussion proved to be of particular importance to classroom teachers. During the discussion and listing of possible adult resources the presenter asked the class why (or why not) each resource might be appropriate. The intent was to elicit a discussion of the importance of having adult resources as opposed to total reliance on peer support; the results were quite different. Most of the responses centered around the issue of trust and confidentiality and soon a lively discussion of teachers as a resource ensued. The consensus of the fourth graders in this class was that on the whole, teachers were not particularly good resources for a crisis situation. The reasons are enlightening:

Teachers. . ."are too busy."
"don't care about (have time for) my problems."
"have their own problems."
"tell your parents."
"tell other teachers."
"won't like me anymore."

"It's not their job. Their job is to teach stuff."

The teacher of this class was most interested in these responses and commented that he wondered what it is teachers do to convey these impressions since (he felt) most teachers do not want to alienate their students in this way. Earlier in this chapter mention was made of the students' perception of the roles of the counselor and the principal and the effect perceptions have on resource choices. Perhaps a closer look at students' perceptions of a teacher's role is also in order, since the reasons cited by these fourth graders were mirrored by a group of fifth graders who commented (among other things) "You have to face that teacher every day."

What this appears to indicate is that the teacher who wishes to develop rapport with students needs to be able to balance the need to maintain classroom order and discipline with the need to be open, accessible, and above all, trustworthy, in the eyes of their students. This is no small undertaking in today's fast-paced, high-pressure school environment. When asked the question "Do you ever find it difficult to balance your feeling of compassion with the need to maintain order and discipline in the classroom?", only one-third of the elementary level staff members were able to respond "Seldom" (35% pre-assessment; 35% post-assessment); the remaining teachers responded "Occassionally" (46% pre-assessment; 54% post-assessment) or "Frequently" (17% pre-assessment; 13% post-assessment). These are the same teachers reporting considerable personal experience with student's personal concerns:

Has a student ever approached you with:

Family problems?	89% pre-assessment	86% post-assessment
Emotional problems?	72% pre-assessment	76% post-assessment
Peer problems?	95% pre-assessment	92% post-assessment
Suicidal thoughts or behaviors?	20% pre-assessment	32% post-assessment

Teacher Responses to Classroom Programs

Teacher comments were invited on the final page of the post-assessment survey instrument. The experiences of early grade (K-2) teachers mirrored those of the puppeteers. Several commented that their children had trouble remaining attentive during the 30-40 minute program. Another comment made (and observed in a kindergarten classroom by this researcher) was that the students had difficulty refocusing the discussion when the second skit was presented. Many continued to talk about the loss of pets although the second skit focused on the death of a human character. Age and maturity level are certainly factors, but it should also be noted that the death of a pet is a more common experience among children than the death of a relative or friend. The subject of pet loss has greater immediacy for the majority of children in the normal classroom setting.

A comment relating to the above observations pointed out the importance of structuring questions (used by the puppeteers) in order to keep the students on task. The two teachers making this comment felt that their first grade students did not fully grasp the concepts being presented in the puppet skits because they had been allowed "to ramble" (presumably about their personal experiences). For those who expect to work as or to train puppeteers, the point is important. Not all trainees will have the educational background possessed by trained teachers and age-appropriate questioning techniques need to be taught and practiced during puppeteer training.

The comments of the teachers of older students centered more on program content than on program delivery. Comments from fifth and sixth grade teachers are of special importance since they revolve around the decision to use, or not to use, puppets as a catalyst for discussion. Teachers in both school districts felt that having a program which addresses death and loss was excellent, but that certain aspects of the program needed to be looked at more carefully:

1. The Elementary School Puppet Show (as used in Spring, 1986) seemed too "primary" and did not address the issues, particularly death, specifically enough for older children.

2. The lack of discussion about the difference between physical death and religious beliefs about life after death may have skewed the written survey results, since a majority of participants (teachers believe) have received some form of religious training in the home.

3. Smaller group sessions (most classrooms in the study contained 22-28 students) may have prompted "better discussions" among participants. This is thought to be a reference to the dominance of discussion by a few students in some classrooms.

4. As with the lower grades, care should be taken not to allow one or two students to dominate the discussion, by utilizing appropriate questioning and focusing techniques.

In addition to comments, teachers who had been present during a puppet show or classroom discussion were asked to complete a brief evaluation of the program. The results are tabulated below:

Teacher Assessment of Elementary Classroom Presentations

Puppet Show Format: Total n = 38
K-2 n = 20
3-6 n = 17 (1 "no response")

Meeting stated objectives:

Objective: The children were able to identify and discuss feelings which are common responses to crisis, grief, and loss.

80-100% successful: 58% of respondents
60-70% successful: 24% of respondents
82% of respondents

Objective: The children received information to help them fully comprehend the permanence and finality of death.

80-100% successful: 42% of respondents
60-70% successful: 24% of respondents
66% of respondents

Objective: The children had an opportunity to share and learn information about adult resource people to talk to in time of crisis.

80-100% successful: 53% of respondents
60-70% successful: 26% of respondents
79% of respondents

Overall evaluation:

84% (n=32) would recommend this presentation for their respective grade level.

Alternative Elementary Program Format: Total n=15
Grades 4-6 only

Meeting stated objectives:

Objective: The children were able to identify and discuss feelings which are common responses to crisis, grief, and loss.

80-100% successful: 87% of respondents
60-70% successful: 0% of respondents
87% of respondents

Objective: The children received information to help them fully comprehend the permanence and finality of death.

80-100% successful: 67% of respondents
60-80% successful: 13% of respondents
80% of respondents

Objective: The children had an opportunity to share and learn information about adult resource people to talk to in time of crisis.

80-100% successful: 60% of respondents
60-80% successful: 20% of respondents
80% of respondents

Overall evaluation:

100% would recommend this presentation for their respective grade levels.

The discussion format received a higher rating on the attainment of Objectives 1 and 2, identification of feelings and the permanence of physical death. It is likely that the more direct approach of this format is a factor in the difference. Comments about the puppet show format (i.e. "students were allowed to ramble;" "need more structured questioning") seem to support this assumption. Nevertheless, a high percentage of all respondents would recommend the presentation which their students received to other classrooms at the same grade level.

RECOMMENDATIONS FOR ELEMENTARY SCHOOL PROGRAMS

Using Puppets

Puppets are the main vehicle used by the SPC staff to convey information at the elementary school level for a number of reasons. Obviously, puppets are attractive to young children and a puppet show is a welcome event in most classrooms. More importantly, puppets provide a focus for discussion and a means of presenting sensitive information in a non-threatening format. By first hearing "Sally" and "David" discussing the death of a pet goldfish in "Jaws" or "David" asking "Uncle Harry" about death in "Forever is for Always," children are able to progress from discussion of the story to the more personal level of sharing their own feelings, fears, and responses to similar situations.

Complete information about the Elementary School Puppet Show is found in the manual "Life and Death: The Elementary School Puppet Show" (SPC, 1985).

Programs Without Puppets

At several teachers' requests, an Alternative Elementary Program was developed to meet the needs of those classes for which puppets may not be effective. A general outline for this program is found in the Appendix, but this is best used as a framework for an individualized program. In using the Alternative Elementary Program the SPC presenters found that most classes became involved in the discussion of issues that could not be fully explored in one 45-minute session. A program of this type would ideally be a part of a larger, ongoing classroom unit in health or social studies which would encompass such topics as family and peer relationships, stress management, problem solving, and positive coping skills.

Another approach to this discussion format could be utilized in those classrooms organized around the classroom meeting concept originally developed by Dreikurs (1957) and Glasser (1969). In such classrooms group meetings are scheduled on a regular (once or twice weekly) basis to allow students an open, yet controlled, forum for discussion of ideas and concerns. The teacher and the students are equally free to initiate a discussion. In this classroom environment there would undoubtedly be many natural opportunities to introduce the topics outlined in the SPC Alternative Elementary Program.

When the items were phrased in this manner, even pre-assessment percentages were high ranging from 87% to 97% of the respondents willing to intervene when these behaviors are observed in a child. The results remained stable on the post-assessment. It seems that a majority of elementary teachers are highly likely to respond to a student in crisis, regardless of whether they would relate the observed behavior specifically to depression or suicide.

Some differences were found in the responses of teachers when the two school districts were compared. District A teachers had higher percentages of teachers giving the desired response to items concerning the indicators of depression and suicide in children, although for most items the difference between districts was negligible. Two items (*), however, showed a large difference as Table 3 indicates.

Table 3: Recognition of Indicators-Comparison of Districts
(% of desired responses)

Indicator	Pre-assessment			Post-assessment		
	Dist. A	Dist. B	Diff.	Dist. A	Dist. B	Diff.
Hyperactivity/ restlessness*	43%	53%	10%	88%	76%	12%
Fatigue/falls asleep	66%	53%	13%	91%	85%	6%
Talks about death/dying	81%	77%	4%	100%	94%	6%
Withdrawal from activities	94%	92%	2%	100%	98%	2%
Accident proneness*	53%	49%	4%	91%	73%	18%
Aggression/ hostility	55%	58%	3%	97%	91%	6%

The two items with the greatest post-assessment difference between districts were those concerning hyperactivity and accident proneness. These two items also showed lower levels of agreement when all teachers' input was analyzed. No similar differences were found between each district's teachers' responses to behaviors which would prompt intervention. The responses of each school district varied by less than 5% from the overall response of each other for any one item.

Crisis Intervention and the Elementary Teacher

Knowledge of the range of behaviors which may indicate a student in crisis can speed the process by which appropriate intervention can take place. Although the Suicide Prevention Center's teacher in-service emphasizes referral rather than direct crisis intervention, teachers are given the basic crisis intervention steps which would allow them to assess the severity of the crisis and to assist the child during the time it takes to set the referral process in motion. These basic crisis intervention steps are discussed in detail in Children and Suicide: Training Manual (Heller, 1981) but include:

1. Ask directly
2. Observe non-verbal behaviors
3. Empathize with the child's feelings
4. Help the child come up with a plan for coping with the immediate situation.

The results of assessment survey items 5 a-f, crisis intervention skills, are summarized in Table 4.

Table 4: Awareness of Crisis Intervention Strategies
(% of accurate responses)

Strategy	Pre	Post	Change
Ask directly	61%	70%	+ 9%
Observe non-verbal behavior	94%	97%	+ 3%
Empathize with the child's feelings	85%	82%	- 3%
Help the child develop a plan to cope	94%	97%	+ 3%
Ignore the behavior (no)	92%	80%	+12%
(no response)	2%	16%	+15%
Give advice (no)	51%	26%	-25%
(no response)	4%	17%	+13%

In this area of crisis intervention, the results of the survey did not show the hoped-for post-assessment results. Rather than clarifying issues relating to crisis intervention, the responses seem to indicate that teachers remained uncertain about asking directly, ignoring the situation, and offering advice. They remained largely unchanged with regard to the importance of non-verbal communication, empathy, and helping the child devise a plan for coping with the immediate crisis. An anlysis of these items for each school district shows that many of the unexpected responses were centered in District B.

Table 5: Crisis Intervention Strategies-Comparison Between Districts

	Pre-assessment			Post-assessment		
	Dist. A	Dist. B	Diff.	Dist. A	Dist. B	Diff.
Ask directly	70%	57%	13%	78%	66%	12%
Observe non-verbals	94%	94%	no change	97%	98%	1%
Empathize with the child's feelings	91%	82%	9%	94%	78%	16%
Help the child develop a plan to cope.	97%	92%	5%	100%	98%	2%
Ignore it (no)	96%	90%	6%	81%	79%	2%
(no response)	0%	3%	3%	16%	16%	0%
Give advice (no)	51%	50%	1%	19%	29%	10%
(no response)	0%	5%	5%	16%	18%	2%

As Table 5 indicates, much of the post-assessment "no response" to "Ignore it" and "Give advice" is centered in District B. No indication was given at any in-service in either district to illuminate the reason for this difference between the districts. It should be noted, however, that teachers were asked only to identify appropriate crisis intervention skills, not to state whether they, personally, would apply that specific technique. Were the question asked in this manner, the difference between districts may be less dramatic for these particular items. Further research would be necessary to determine whether teachers are actually willing to apply their newly-learned skills in the classroom.

Another factor in these unanticipated results may have been the in-service format. Since there was no time for case study or role play, the participants had no opportunity to reinforce the lecture content with practice, lessening the chances of clarifying the process and purpose of the recommended crisis intervention techniques. This may explain the higher incidence of "no response" to items pertaining to asking directly, ignoring the situation, or offering advice. Though participants have heard the information, they may still be uncertain of their willingness or ability to respond as instructed.

Another possible factor is the elementary teacher's orientation toward his or her students. Giving advice comes easily to the elementary teacher whose position of authority and greater knowledge is usually accepted, and even perhaps expected, by many students. Additionally, teachers who are already overwhelmed by their students' day to day problems, and the pressing need to address academic concerns, may be willing to ignore "another problem," at least for awhile, and this ambivalence with regard to balancing the needs of one child against those of the entire class may be reflected in the considerably higher percentage of "no response" to the item "ignore the situation."

Resources and Referrals

Once the child in crisis has been identified, the referral process begins. Every school has an established procedure for dealing with troubled students, and this is of particular importance if the child might be suicidal. Because of the danger of a suicidal response to crisis, time will be a critical factor in the referral process. Parents may be extremely reluctant to consider the possibility that their child is suicidal. The Suicide Prevention Center's in-service training for elementary teachers emphasizes the importance of the team approach to such a situation. The teacher(s) of the child, the school counselor or psychologist, and the building administrator will need to work together to present the situation to the parent(s) in a non-threatening way, yet in a manner which will emphasize the critical nature of the situation.

Most secondary school administrators, if asked, would probably say that the standard procedure in their building is to bring the crisis situation to the attention of the counselor(s) serving that building. In many elementary buildings, however, a counselor is not available on a daily basis (District A: 1 psychologist for all K-12 students; District B: 2 counselors for all 6 elementary buildings) and the teacher may need to seek additional resources for the interim. Items 10 a-i of the assessment survey asked teachers to identify the resource person(s) they would consider using. Tables 6a and 6b show the pre- and post-assessment rankings of these options.

Table 6a: Pre-Assessment Resource Rankings

All Respondents	District A	District B
1. School counselor 97%	1. School counselor 98%	1. School counselor 96%
2. School administrator and Suicide Prevention 90%	2. Suicide Prevention 89%	2. School administrator 92%
3. Parents 87%	3. School administrator 85%	3. Suicide Prevention 90%
4. Mental Health Center 80%	4. Parents 83%	4. Parents 88%
5. Other teachers 79%	5. Other teachers and myself 74%	5. Mental Health Center 85%
6. Myself 74%	6. Mental Health Center 70%	6. Other teachers 81%
7. The student's peers 49%	7. The student's peers 47%	7. Myself 75%
		8. The student's peers 50%

Table 6b: Post-Assessment Resource Rankings

All Respondents	District A	District B
1. School counselor and Suicide Prevention Center 95%	1. School counselor 97%	1. School counselor, Suicide Prevention, and Mental Health Center 96%
2. School administator and Mental Health Center 91%	2. School administrator and Suicide Prevention 91%	2. School administrator 91%
3. Parents 88%	3. Parents and Myself 88%	3. Parents 89%
4. Myself and Other teachers 83%	4. Mental Health Center and Other teachers 78%	4. Other teachers 85%
5. The student's peers 55%	5. The student's peers 56%	5. Myself 81%
		6. The student's peers 54%

Several interesting observations can be made from this information. One is the ranking teachers gave to themselves and to their peers. In both the overall analysis and the individual districts, teachers ranked themselves near the bottom, which may have some relationship to their uncertainty about crisis intervention skills. It is possible that this uncertainty may make some people less likely to see themselves as a resource to the child in crisis. Although the post-assessment ranking of "myself" improved considerably, there still appears to be some reluctance to rely on oneself among some of the teachers in both districts.

Another observation is with regard to the ranking of local mental health centers. Although ranked second overall and first in District B on the post-assessment, mental health centers ranked among the least-preferred options in District A. Any number of variables may be at work here, but it is likely that the general affluence of the families in District A would allow more parents to select private professional help for their child. Knowing this, teachers in this district may choose to go through the school counselor for referrals and allow the parent to seek such private counseling rather than routinely suggesting the community mental health center. Also, in District B the community mental health center is a specific step in the system-wide psychological referral process. District A has no similar formal referral process. During the in-service sessions teachers in both districts expressed a concern about approaching parents, although for different reasons. District B teachers were more frequently concerned about the child whose parent(s) would not follow through with treatment; District A teachers seemed to express more concern with parent(s) who might question the teacher's right to suggest that their child might need mental health counseling.

It is not surprising that the school counselor or psychologist is the primary resource for nearly all the respondents since crisis intervention and dealing with emotional problems are seen as part of this person's designated function in the school. It is also not surprising that a student's peers are the least likely resource at the elementary level. Although children may not be an appropriate resource in dealing with the crisis itself, they are often the first to alert the teacher that something is troubling a friend, and what they reveal should not be tossed aside lightly.

Factual Information

One desired long-term effect of teacher in-service programs on death and suicide is to provide teachers with factual information which they can adapt to the individual and class needs of their students. At the elementary level, teachers are highly unlikely to introduce the topic of suicide in the classroom, yet it is not so unlikely for a student to bring up the issue, either in the classroom or in private. The more factual information the teacher has available, the more comfortable he or she will feel about responding.

For this reason the first session of the in-service includes information of a general nature -- statistics, high risk groups, terminology, etc. Items 12-30 of the survey were included to assess gains in factual knowledge about depression and suicide as a result of in-service attendance. It should be noted that the compromising required in scheduling the sessions necessitated the deletion of some material. For this reason, three items were deleted from the analysis: Item 19 because of confusion in terminology and Items 20 and 23 because the issues of holidays and genetic factors with respect to suicide were not discussed in all participating buildings.

The seven items relating directly to childhood suicide behavior are tabulated below:

Table 7: Factual Items Relating to Childhood Suicidal Behavior
(% Of accurate responses)

Item	Pre	Post	Change
13. Children under age 10 are not capable of committing suicide. (false)	95%	97%	+ 2%
21. Childhood depression is frequently masked by other behaviors. (true)	45%	94%	+49%
22. Very few children under 14 years of age commit suicide. (false)	65%	63%	- 2%
25. A knowledge of the indicators of childhood depression is essential to effective intervention with suicidal children. (true)	87%	90%	+ 3%
26. When evaluating suicide potential in children it is important to consider both the child's behavior and the home situation. (true)	---	97%	---
28. There is no point in introducing the topic of death to children until they ask about it. (false)	91%	88%	- 3%
30. Suicide rates are increasing among children. (true)	90%	94%	+ 4%

Only one of these items changed a great deal when pre- and post-assessments are compared: Item 21 regarding the prevalence of masked behaviors in children. A smaller, but similar, change was found in the pre- and post-assessment responses to Items 3 (a-f), indicators of depression and suicide in children. (See previous section.) A chi-square analysis of Item 21 and Item 3 a-f showed a significant (p <.01) correlation between an accurate response on item 21 and accurate responses to item 3 a-f. Teachers who recognized the possibility of masked depression (Item 21) were also able to identify specific masked behaviors (Item 3 a-f) on the post-assessment.

An analysis of the responses by school districts showed nearly identical percentages for all but one of the seven items relating to childhood suicide. More teachers in District B (10% pre; 16% post) than in District A (6% pre; 3% post) were of the opinion that the topic of death need not be introduced to children until they ask about it. No reasons for this difference can be obtained from the surveys and the issue was not discussed to any extent at the in-service sessions in either district. The results of the remaining eight items of a more general nature are summarized in the table which follows.

Table 8: Factual Items About Suicide
(% of accurate responses)

Item	Pre	Post	Change
12. Most suicides occur with no prior warning. (false)	80%	94%	+14%
14. People who talk about suicide are not likely to commit suicide. (false)	59%	91%	+32%
15. Suicidal persons are fully intent on dying. (false)	63%	71%	+ 8%
16. Once a person becomes suicidal, he or she is likely to remain suicidal forever. (false)	79%	71%	- 8%
17. Suicide occurs less often among the middle class than among the poor or the wealthy. (false)	72%	92%	+20%
18. Suicidal persons are mentally ill. (false)	65%	73%	+ 8%
24. Appropriate intervention with a suicidal person includes a willingness to acknowledge that suicide is an option. (true)	59%	74%	+15%
26. Improvement following a suicidal crisis means that the suicidal risk is over. (false)	95%	95%	No change

Only one item (Item 16) showed a negative change on the post-assessment. This change did not, however, correlate postively with attendance at the in-service sessions. We can only conclude that it is difficult to change people's attitudes with regard to the permanence of suicidal feelings as the result of a 3-hour in-service. As illustrated by Table 9, teachers in the two school districts responded differently on four of these eight items.

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Table 9: Factual Information-Differences Between School Districts

Item	Pre-assessment A	Pre-assessment B	Pre-assessment Diff	Post-assessment A	Post-assessment B	Post-assessment Diff
15. Suicidal persons are fully intent on dying. (false)	59%	66%	7%	63%	75%	12%
16. Once a person is suicidal, he or she is likely to remain suicidal forever. (false)	77%	79%	2%	91%	64%	27%
17. Suicide occurs less often among the middle class than among the poor or the wealthy. (false)	74%	71%	3%	100%	89%	11%
24. Appropriate intervention with a suicidal person includes a willingness to acknowledge that suicide is an option. (true)	70%	55%	15%	84%	70%	14%

For three of these items the discrepancy between districts actually increased on the post-assessment. More District B teachers correctly identified the ambivalent feelings of the suicidal person than teachers in District A. Teachers in District A were more accurate in their responses to the items about the permanence of suicidal feelings and the socio-economic status of suicide victims. A higher percentage of District A teachers were also correct about the need to accept suicide as an option when working with a suicidal person. No known reason for this discrepancy can be determined from the available data, since the material was covered in the same manner in both districts.

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EXPERIENCES WITH STUDENTS

Item 31 a-d asked teachers to indicate which of four problems (family, emotional, peer, and suicidal behaviors) they have had to deal with in their experiences with students. Peer problems headed the list for teachers in both districts, followed by family and emotional problems. Few teachers in either district reported having to deal with suicidal behaviors on the pre-assessment, and although the percentage increased on the post-assessment, actual numbers did not increase.

Table 10: Experiences with Students' Problems
(% affirmative)

	Pre			Post		
	All	A	B	All	A	B
Peer problems	89%	76%	95%	86%	78%	89%
Family problems	72%	70%	72%	76%	69%	79%
Emotional problems	94%	96%	94%	92%	91%	93%
Suicidal behaviors	20%	17%	22%	32%	34%	31%

The percentage change for reported incidences of students' suicidal behavior must be interpreted with caution, however. A look at the actual number of responses for each district indicates that the increased percentage is the result of a decreased sample rather than an increase in the number of teachers revealing information about their experiences with suicidal students.

Table 11: Number of Teachers Reporting Suicidal Students

	District A			District B	
	Pre	Post		Pre	Post
Total n=	53	32	Total n=	119	80
Affirmative n=	9(17%)	11(34%)	Affirmative n=	26(22%)	25(31%)

Although two additional teachers in District A joined the ranks of those reporting encounters with suicidal students, and both had attended all the in-service sessions, there is no way to determine the reasons for their response. Although it is possible that attendance at the in-service sessions made them more willing to reveal information about their students, it is equally possible that they had the suicidal encounters between the time of the in-service and the completion of the survey.

IN-SERVICE

Teacher Responses to In-service

Despite some initial resistance, the majority of participating elementary teachers were pleased with the in-service experience and as a result had fewer reservations about the classroom program. Following the last in-service session, teachers were asked to complete a brief evaluation (see Appendix). A total of 96 participants responded, 64 from District B and 32 from District A. All but 7 of these responded to the final item: "I ________ would/ ______ would not recommend this in-service to other schools." Of the 89 respondents, 92% (n=82) replied affirmatively. Invited comments included:

> "It's very hard to `suggest' my attendance for 3 straight days but I came to this workshop willingly."
>
> "This really started me thinking. I wonder how many children we have overlooked."

Similarly, 79% (n=76) of the respondents rated the overall presentation "excellent" or "very good" (rating of 8, 9, 10) and an additional 17% (n=16) rated it at least "good" or "average" (ratings of 5, 6, 7). Only 3% (n=3) considered the program to be "poor" (rating lower than 5).

When asked to evaluate the achievement of the stated workshop objectives (Items 2 a-d), the responses mirrored some of the research findings, particularly with regard to crisis intervention techniques. Only 61% (n=59) felt that this objective had been reached (ratings of 8, 9, 10) as fully as desired, although an additional 35% considered the objective at least partially fulfilled (ratings 5, 6, 7).

A number of the negative comments written in response to the in-service evaluation are important to those planning similar in-service programs. Seventy-three percent (n=70) of the evaluation respondents considered the length of in-service to be "fine;" the remaining respondents felt it to be either "too long" (13%; n=12) or "too short" (14%; n=13). A closer look at these percentages by school districts yields some crucial information.

1. Eight of the 12 "too long" evaluations were from District A teachers. In this district all in-service sessions were scheduled during the lunch hour, a scheduling compromise made necessary by a contractual arrangement which precluded additional after-hours in-service time. Seven District A comments referred directly to this poor-timing.

2. The 13 "too short" evaluations were more evenly divided between the two school districts (n=6 District A; n=7 District B). Comments included:

> "I do not believe three 45-minute sessions gave me any expertise to deal with childhood suicide."
>
> "The subject is enormously complicated in reality. The time allotted is much too short to cover the necessary material."

Recommendations for In-Service Scheduling

1. Contact the district several months in advance to avoid scheduling problems. Most school districts set the school calendar for the next year in late winter or early spring.

2. If possible, schedule a 4-6 hour workshop rather than shorter sessions on consecutive days. More can be accomplished and teachers will feel less pressured by not having to attend a workshop before or during the regular school day. Several teachers commented that this left them feeling drained and less able to face the rest of their teaching day.

3. Enlist the assistance and support of key school personnel (counselor, lead teacher) when scheduling and promoting the workshop.

4. If no district or building policy for the referral process exists, allow in-service time to form a committee to address this issue and report back to the group. A positive volunteer response is more likely after teachers have been made aware of this need during the workshop.

SECONDARY LEVEL CLASSROOM PROGRAMS

Among the main concerns of secondary level teachers and counselors are two questions regarding students' suicidal behavior:

1. Is suicide really a problem in this school?
2. Will suicidal activity increase as a result of bringing suicide prevention programs into the classroom?

Both questions were among those addressed by the Project Lifesaver research.

PROJECT DESIGN

Secondary Level Classroom Programs

The Suicide Prevention Center offers one, three, and five-day presentations for grades 7-12. Since the majority of schools were requesting a single-day program at the time of this study, Project Lifesaver was designed to examine the impact of this 50-minute presentation format. Presentations were conducted in individual classrooms (15-30 students per room) by trained Suicide Prevention Center speakers. All speakers followed a basic outline which covered:

1. Factual information about teen suicide,
2. Recognition of suicidal behavior; and
3. Resources (school and community) for dealing with suicidal behavior.

Most presentations also included a brief film. The films and students' responses to them are discussed in the final section of this chapter: "Program Evaluation."

Prior Research

In 1982 the Dayton Suicide Prevention Center conducted a study of the secondary level programs then in use. One hundred twelve freshmen (grade 9) health students participated in the experimental group; 177 physical education freshmen served as the control group. The assessment survey developed for Project Lifesaver was based on the surveys developed for this 1982 study.

Those involved with the 1982 study concluded that:

> "The overall impact of this adolescent suicide project was a significant increase in all the students' ability to recognize the signs and symptoms of suicidal behavior, and an increase in the experimental students' willingness to confide in a teacher."

Additionally, the researchers concluded that one impact not found was an increase in the individual students' suicidal activity. Neither the pre- nor post-test experimental and control groups showed an increase in ideation or attempts at suicide.

The research team made five suggestions for future research:

1. Control for sex, since girls attempt more frequently and boys have higher rates of completed suicide;
2. Use a separate school for a control group to avoid contamination;
3. Focus on secrecy -- with whom are students most likely to communicate suicidal feelings?;
4. Conduct research early in the school year to avoid absenteeism; and
5. Use simple, easily understood terminology.

The design of Project Lifesaver was able to accommodate three of these five suggestions. The use of the Statistical Analysis System (SAS) allowed us to pull out data for the two sexes, survey items were revised to simplify terminology and avoid professional jargon, and items were written to determine the preferred personal contacts of students facing a potential suicide. Due to limitations of funding and personnel, Project Lifesaver was unable to utilize a separate control school. The timing of the grant used to fund Project Lifesaver made it necessary to conduct the post-assessment surveys at the end of the school year when absenteeism was at its peak in many schools.

The Subjects

A total of 2,104 secondary students participated in the pre-assessment; 1,695 participated in the post-assessment. The drop in student participants on the post-assessment was largely due to the timing of the surveys. Post-assessment surveys were administered in late May, when student absenteeism due to graduation and other activities peaks in most schools. This proved to be particularly influential in District B, which showed a drop of 354 students.

Table 1: Secondary Students Participating in Project Lifesaver

	District A		District B	
	Pre	Post	Pre	Post
Total number	698	643	1,406	1,052
Males	366	316	642	503
Females	319	317	712	533
No sex indicated	13	7	52	16
Grade levels				
Seventh	97	94	173	199
Eighth	99	101	263	258
Ninth	119	121	301	177
Tenth	125	113	279	180
Eleventh	126	124	208	135
Twelfth	119	89	173	101

RESEARCH RESULTS

Personal Experiences With Suicide

One perennial problem facing suicide prevention professionals is that of overcoming the fears and misperceptions surrounding the facts about youth suicide. Many people rationalize their reluctance to discuss the issue of suicide with teens by denying the existence of a problem. The Project Lifesaver assessment surveys include eight items specifically written to obtain information about students' experiences with attempted and completed suicide. Although such self-reported results may not be wholly accurate, they are widely accepted in research of this nature. The research comparisons made between the Lifesaver findings and other studies are all based on similar self-reported information.

The following demographic data should be used for the interpretation of all the bar graphs which follow.

DEMOGRAPHIC DATA FOR FOLLOWING TABLES

PRE-ASSESSMENT

n = 2104

District A = 698
District B = 1406
Males = 1008
Females = 1031

Grade 7 = 270
Grade 8 = 362
Grade 9 = 420
Grade 10 = 404
Grade 11 = 334
Grade 12 = 292

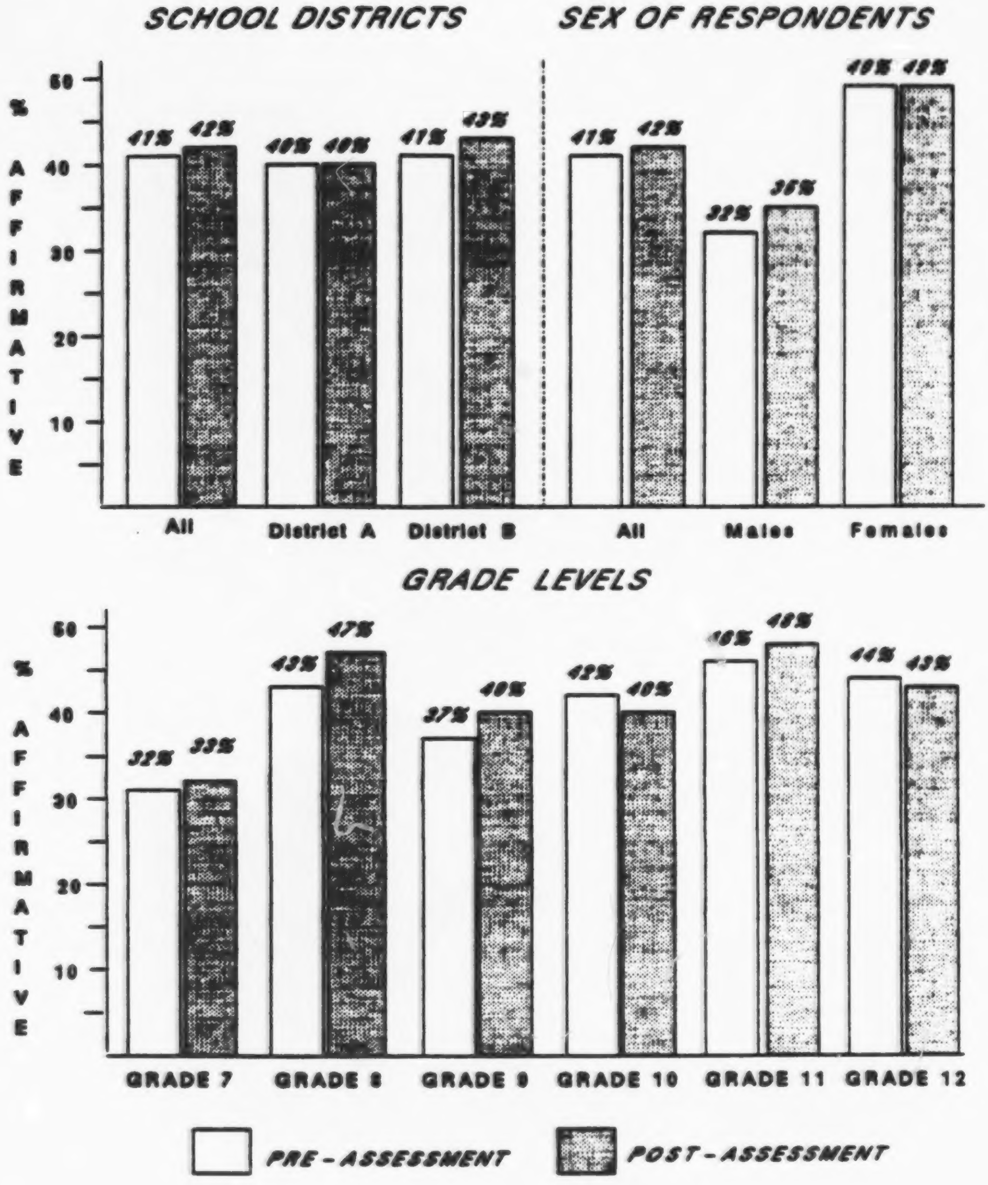
POST-ASSESSMENT

n = 1695

District A = 643
District B = 1052
Males = 819
Females = 815

Grade 7 = 293
Grade 8 = 359
Grade 9 = 298
Grade 10 = 293
Grade 11 = 259
Grade 12 = 190

IDEATION


SCHOOL DISTRICTS
SEX OF RESPONDENTS
% AFFIRMATIVE
50
40
30
20
10
41%
42%
40%
40%
41%
43%
41%
42%
32%
35%
49%
49%
All
District A
District B
All
Males
Females
GRADE LEVELS
% AFFIRMATIVE
50
40
30
20
10
32%
33%
43%
47%
37%
40%
42%
40%
46%
48%
44%
43%
GRADE 7
GRADE 8
GRADE 9
GRADE 10
GRADE 11
GRADE 12
PRE-ASSESSMENT
POST-ASSESSMENT

IDEATION

Item: have you ever thought about committing suicide?

Slightly more than 40% of the Project Lifesaver respondents answered affirmatively to this item on both the pre- and post-assessments. A similar study of 698 eighth and ninth grade students (Cherrycreek, 1982) found 39% of the respondents admitting to thinking about suicide as a personal option (5% often; 34% once in a while or rarely). Although higher percentages were found among the eighth graders in the Project Lifesaver study (43% pre; 47% post), the ninth grade results were similar to the Cherrycreek findings (37% pre; 40% post).

On both the pre- and post-assessment, females reported a significantly higher ($p<.01$) percentage of suicidal ideation than males. A comparison of pre- and post-assessment percentages for each sex shows no change for females and only a small change for males suggesting that hearing a presentation on suicide did not increase suicidal ideation for either sex.

	Males	Females	Difference
Pre-assessment	32%	49%	17%
Post-assessment	35%	49%	14%

Since a matched-pair design* was not possible for Project Lifesaver, we were unable to determine the effect that program attendance may have had on the respondents. Future studies using this type of design would prove more conclusively our hypothesis (based on the lack of change between pre- and post-assessments) that hearing a professional speak on the topic of teen suicide will not significantly increase the level of suicidal activity among students.

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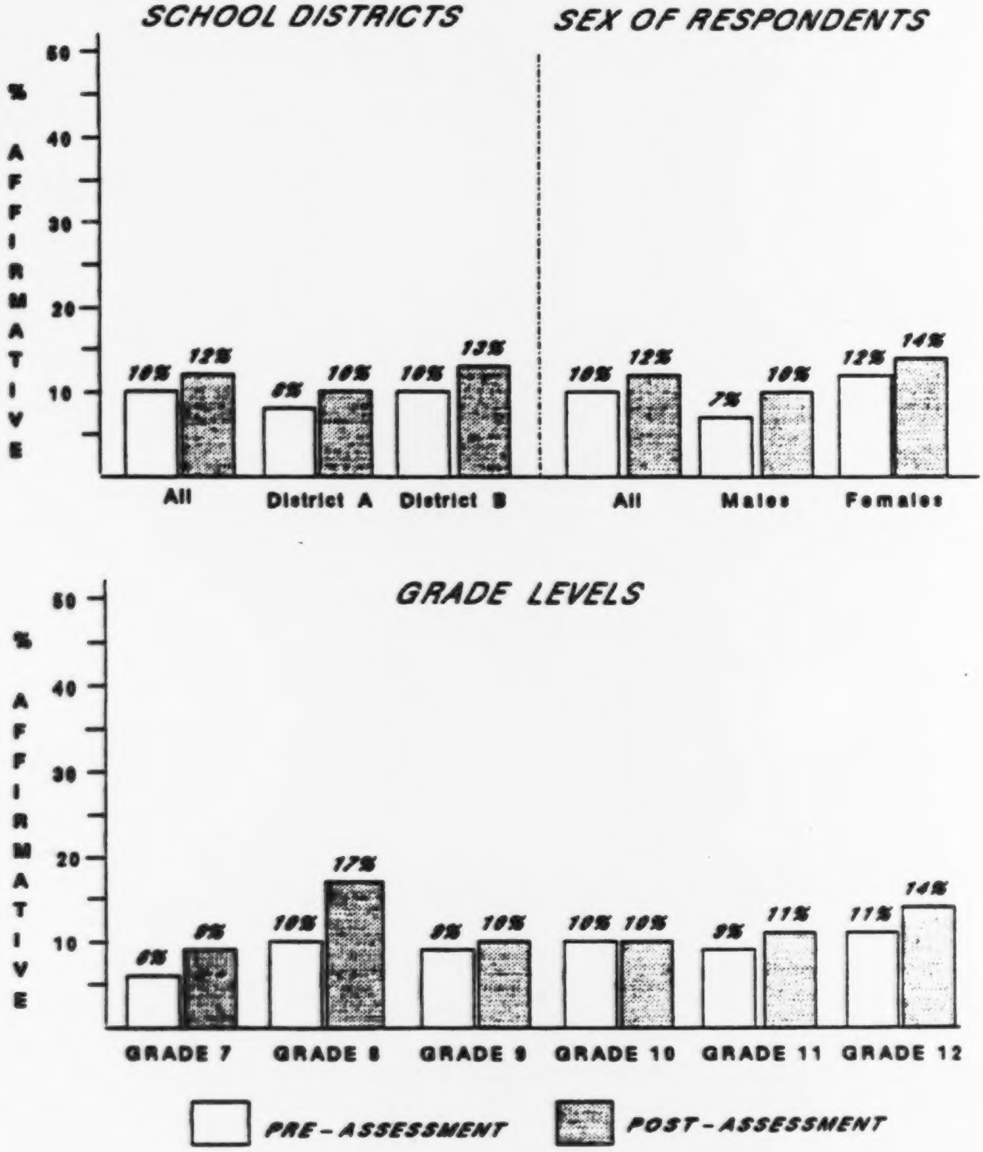
* Individual students' pre- and post-assessments would be numerically keyed so that an analysis could be done on paired data. Since both participating districts were reluctant to allow any program design which might identify individual students' or staff members' responses to be identified inadvertently, we did not wish to jeopardize their participation in Project Lifesaver by insisting on such a design.

SELF-REPORTED SUICIDE ATTEMPTS



SUICIDE ATTEMPTS

Item: Have you ever tried to commit suicide?

The overall findings with regard to self-reported suicide attempts are similar to those reported by other researchers and cited by Charlotte Ross in "Youth Suicide" (Peck, et. al., 1985):

Klagsbrun (1976):	Total n=113 Self-reported attempters: 10%
Ross (1980):	Total n=120 Self-reported attempters: 13%

The Project Lifesaver data yielded percentages similar to those found in these other studies. Of the 2,104 pre-assessment respondents, 10% reported suicide attempts; 12% of the 1,695 post-assessment respondents reported suicide attempts.

Most percentages for this item remained constant from pre- to post-assessments. The exceptions are found in the data for grades 7 and 8, both of which produced a near-doubling in the actual number of self-reported suicide attempts. In addition, the actual number of self-reported suicide attempts more than doubled when the seventh and eighth gradue numbers are compared, suggesting a considerable increase in suicidal activity between the seventh and eighth grades.

Table 2: Self-reported Suicide Attempts Among Seventh and Eighth Graders

	Grade 7	Grade 8
Pre-assessment	n=15 (6%)	n=37 (10%)
Post-assessment	n=26 (9%)	n=60 (17%)

Since the number of personal suicide attempts reported by seventh and eighth graders nearly doubled when pre- and post-assessments were compared, the post-assessment data was analyzed separately to determine whether those who had attended the program had responded differently than those who had not attended. Of the 26 seventh graders reporting attempts, 21 (81%) had attended a classroom presentation. Similarly, of the 60 eighth grade attempters, 49 (82%) had also attended a classroom presentation. Since relatively few seventh and eighth grade participants dropped out of the post-assessment process, and since the administration of assessments was closely supervised by the seventh and eighth grade participating teachers, it is highly likely that most of the post-assessment participants had also participated in the pre-assessment. Without a matched-pair analysis of pre- and post-assessments, however, it is not possible to determine whether these additional post-assessment reports of attempts are the result of persons changing their previous pre-assessment response as a result of hearing the classroom presentation. A chi-square analysis of responses to the item asking about suicide attempts shows no significant correlation between program attendance and the reporting of a personal suicide attempt in either grade level (Grade 7: p=.836; Grade 8: p=.272).

One participating junior high administrator, looking at the increase in the number of eighth grade attempters as well as the pre- to post-assessment increase, shared information which may prove helpful to future research. This educator was not surprised by this increase in suicide attempts among eighth graders, largely due to his experiences with the group of eighth graders from his building who participated in this study. He also did not appear to believe that the presence of a suicide prevention classroom program had increased his students' suicidal activity. Similar comments about increases noted in eighth graders' suicidal activity (as compared to seventh graders) had been mentioned by other junior high personnel members participating in Project Lifesaver.

A two-year study using one experimental group of junior high students and a matched control group in another building, which would follow these students through this period of change would be needed to determine whether this observed difference between seventh and eighth grade students is the result of a developmental change (as suggested by the educators already mentioned) or the result of the particular qualities of the Project Lifesaver sample population.

The results of this analysis must be interpreted with caution, however. The design of this study did not allow for a matched-pair analysis* of pre- and post-assessment data. Such an analysis would show more conclusively the change in individual students' responses as a result of attending, or not attending, the classroom program. Future studies using this type of design are advised.

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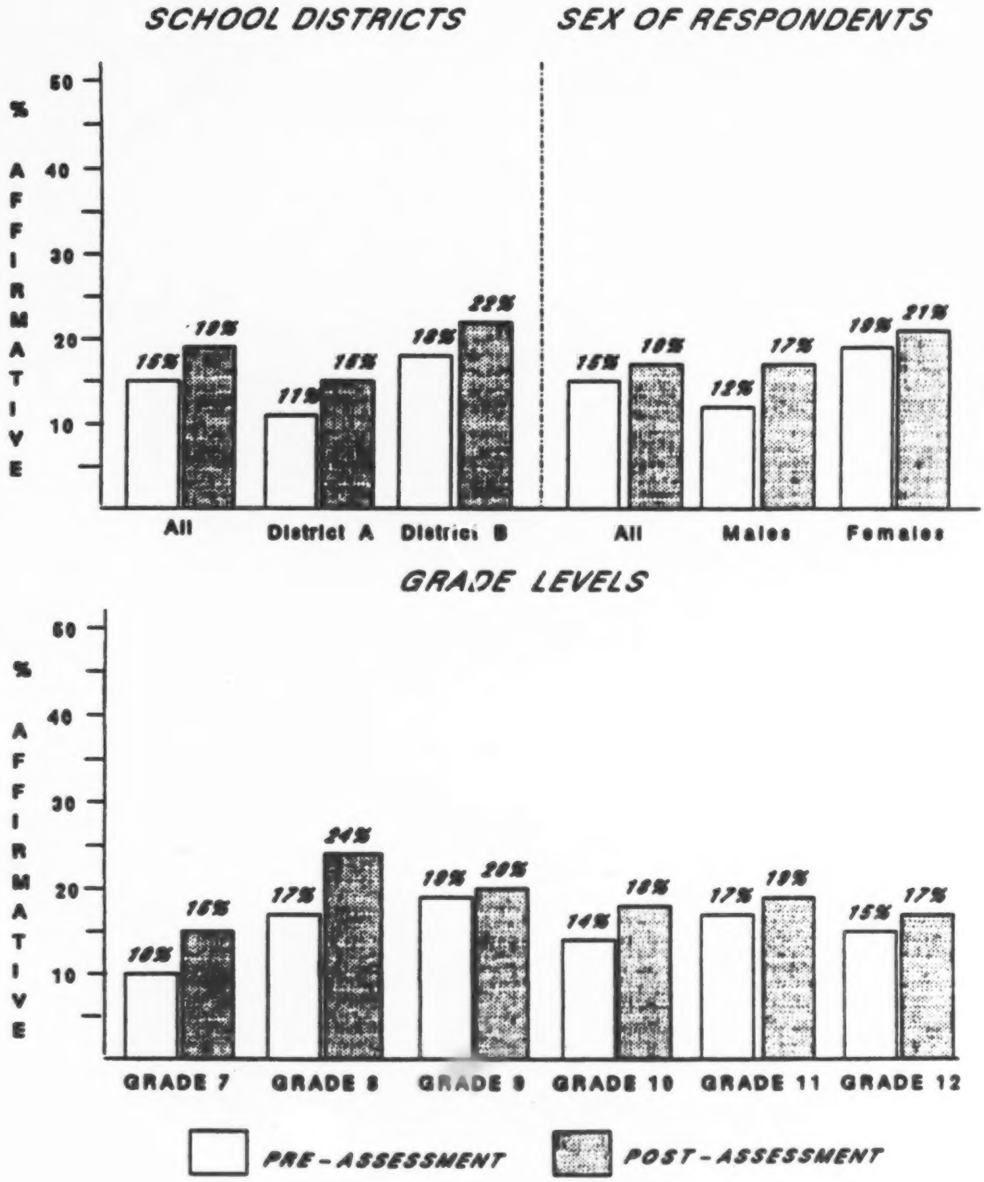
* Individual students' pre- and post-assessments would be numerically keyed so that an analysis could be done on paired data. Since both participating districts were reluctant to allow any program design which might identify individual students' or staff members' responses to be identified inadvertently, we did not wish to jeopardize their participation in Project Lifesaver by insisting on such a design.

Although the difference between males and females for this item was not as dramatic as the difference between the sexes for the item on ideation, females still had a higher rate of attempts than males on both the pre- and post- assessments.

	Males	Females	Difference
Pre-assessment	7%	12%	5%
Post-assessment	10%	14%	4%

This is not surprising since most of the available statistics show females attempting suicide more frequently than males with a 3:1 ratio.

REPORTED FAMILY SUICIDE ATTEMPTS



FAMILY SUICIDAL BEHAVIOR

Items: Has anyone in your family ever tried to commit suicide? Has anyone in your family ever died as a result of suicide?

Those whose lives have been personally touched by suicide, particularly the suicide death of a family member, are known to be at a greater risk for suicide themselves. Because a shroud of secrecy often surrounds suicide and suicide attempts, teachers and counselors are often unaware of the number of students in their building who are the survivors of suicide or who are in close contact with suicide attempters.

In the overall analysis of all responses to these two items, attendance at a classroom presentation was not found to affect the likelihood of a student's reporting family suicidal behavior. Although there was an increase in the percentage of students reporting family suicidal activity on the post-assessment, actual program attendance does not appear to have fostered the change. A similar pattern of response was found among those who had not attended a classroom presentation. Some correlation between students' responses and program attendance appeared in the analysis of each district's response pattern.

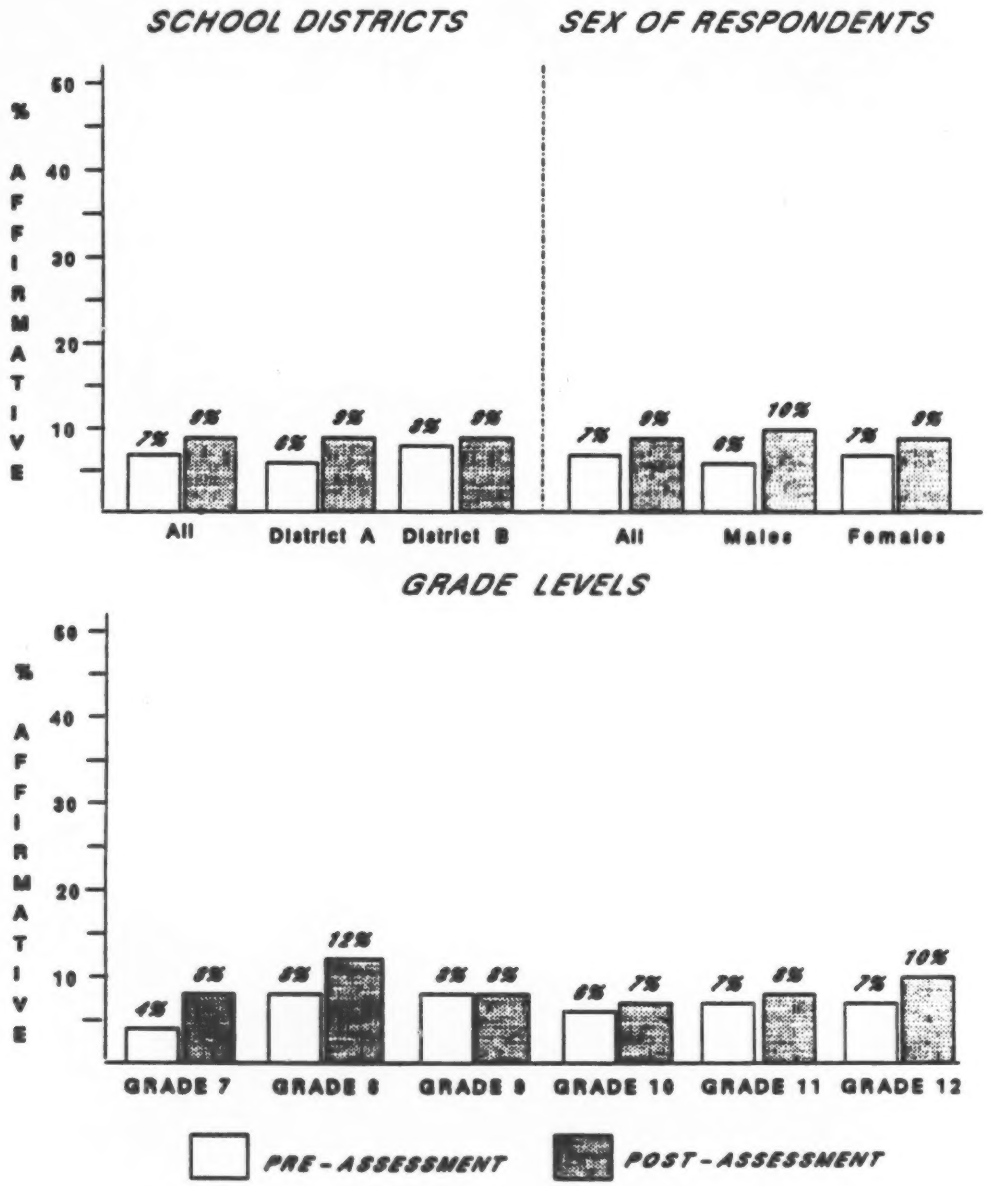
Table 3: The Effect of Program Attendance on Students' Reports of Suicidal Activity Among Family Member (p=)

	Overall	District A	District B
Family member/attempts	.315	.035	.033
Family member/deaths	.211	.023	.122

Since there is little likelihood that an actual increase in the suicidal activity of family members occurred during the short time of this study, it is possible to assume that some of the increase in the reporting of family suicidal behavior, particularly in District A, which occurred may be due to students' feeling "safer" about revealing such information after learning more about suicide and its effect on those who are in relationships with the suicidal individual.

As with the self-reported suicide attempt data, these statistics must be viewed with caution. There is no way to use the Project Lifesaver data to determine the extent of pre- to post-assessment change without a matched-pair analysis.

REPORTED FAMILY SUICIDE DEATHS



The differences found between males and females in the data for self-reported ideation and attempts were also found in the data for family suicidal activity. Females had a significantly higher percentage of reported family suicide attempts than males ($p=.001$); no similar difference, however, was found in the reporting of family suicide deaths.

Table 4: Family Suicide Attempts

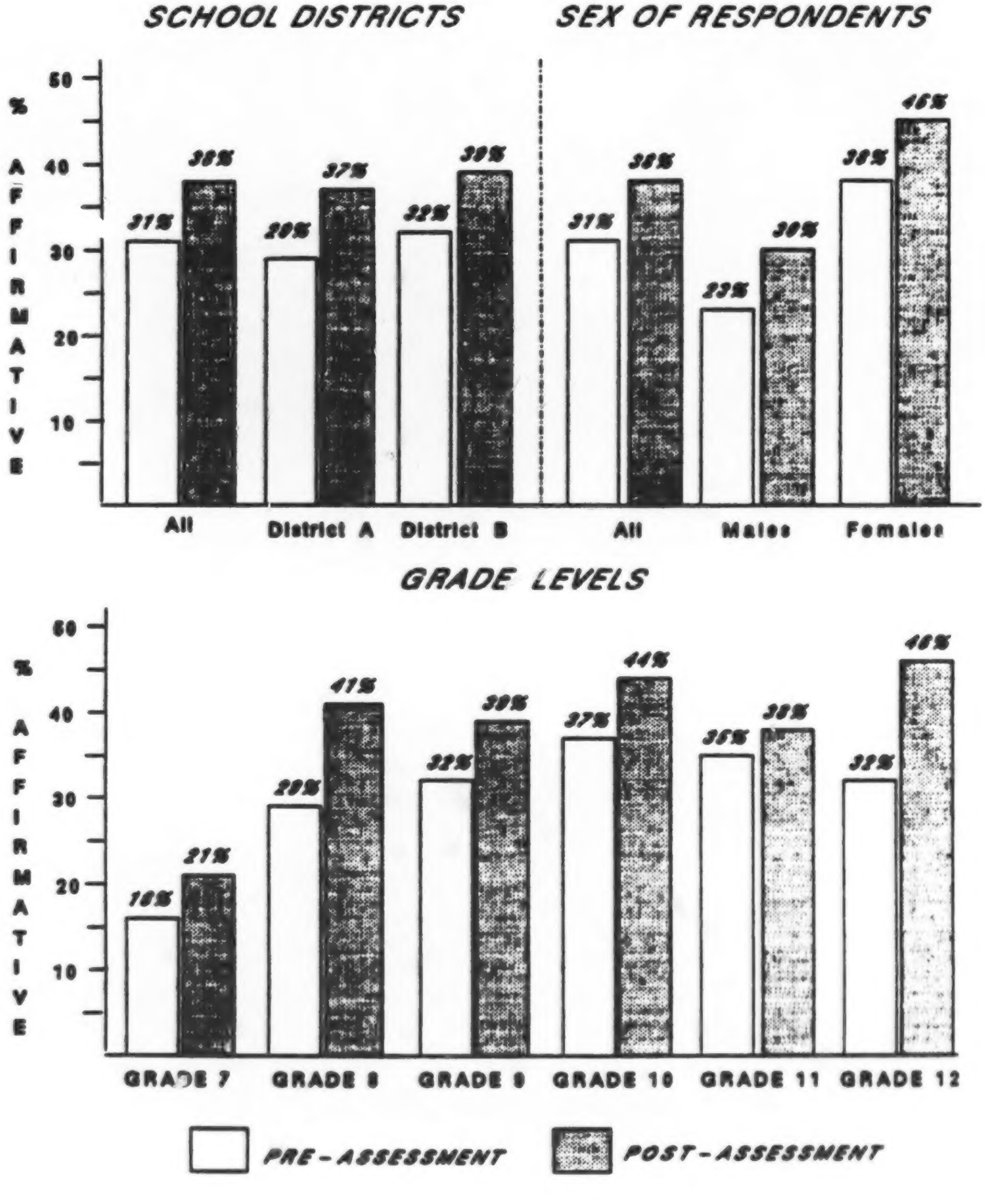
	Males	Females	Difference
Pre-assessment	12%	19%	7%
Post-assessment	17%	21%	3%

Table 5: Family Suicide Deaths

	Males	Females	Difference
Pre-assessment	6%	7%	1%
Post-assessment	10%	9%	1%

Without the matched-pair analysis it is not possible to determine the effect program attendance may have had on the increase in males' affirmative responses to both items when pre- and post-assessment percentages are compared. Since the change was greater than that of females it may be that females are initially less reluctant to report suicidal behavior than males, but that this reluctance among males breaks down as a result of attending a presentation on the topic of suicide. The results of a study of this behavior could provide educators with valuable information for program design that would be of maximum benefit for both sexes.

REPORTED SUICIDE ATTEMPTS OF FRIENDS



REPORTED ATTEMPTS/SUICIDE DEATHS OF FRIENDS

The high percentage of students reporting knowledge of their peers' suicide attempts is not surprising when one considers the high percentage of students also reporting a preference for talking to a friend when they (the respondent) feel depressed or suicidal (67% pre; 69% post). Likewise, the higher percentage of friend attempts reported by females (as compared to males) is not surprising since females are three times more likely to attempt suicide than males.

Table 6: Suicide Attempts of Friends

	Males	Females	Difference
Pre-assessment	23%	38%	15%
Post-assessment	30%	45%	15%

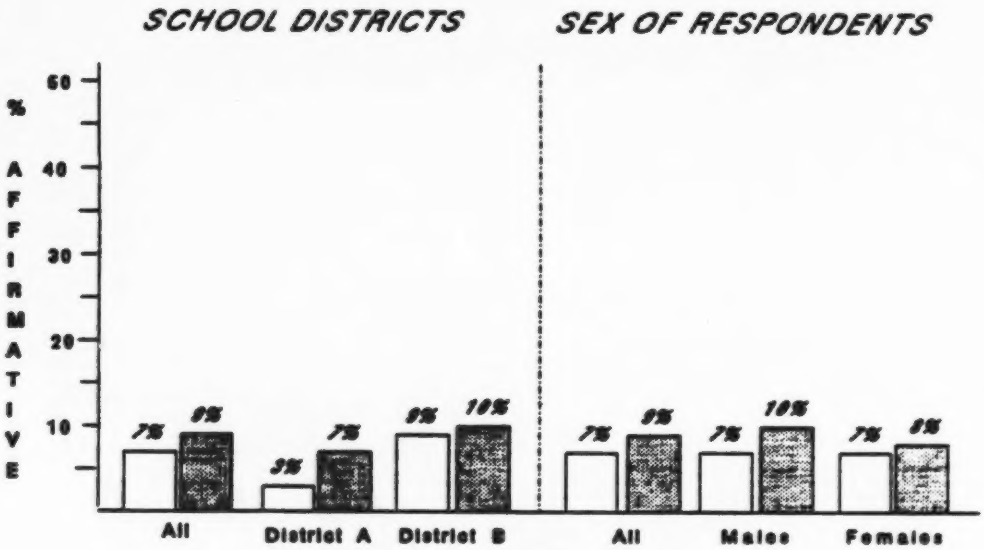
Table 7: Suicide Deaths of Friends

	Males	Females	Difference
Pre-assessment	7%	7%	0%
Post-assessment	10%	8%	2%

Although the difference between males and females reporting friends' suicide attempts is highly signficiant (p=.001), no similar difference in reported suicide deaths occurs. This is most likely due to the relatively low incidence of suicide deaths reported by subjects in the Project Lifesaver study.

That the pre- to post-assessment increase (using school district and grade level as variables on separate analyses) may be the result of program attendance was not supported by a Chi-square analysis of the data. Although not statistically significant, we did find an increase in the percentage of students reporting friends' suicide attempts in all grades when pre- and post-assessment data are compared.

REPORTED SUICIDE DEATHS OF FRIENDS



GRADE LEVELS

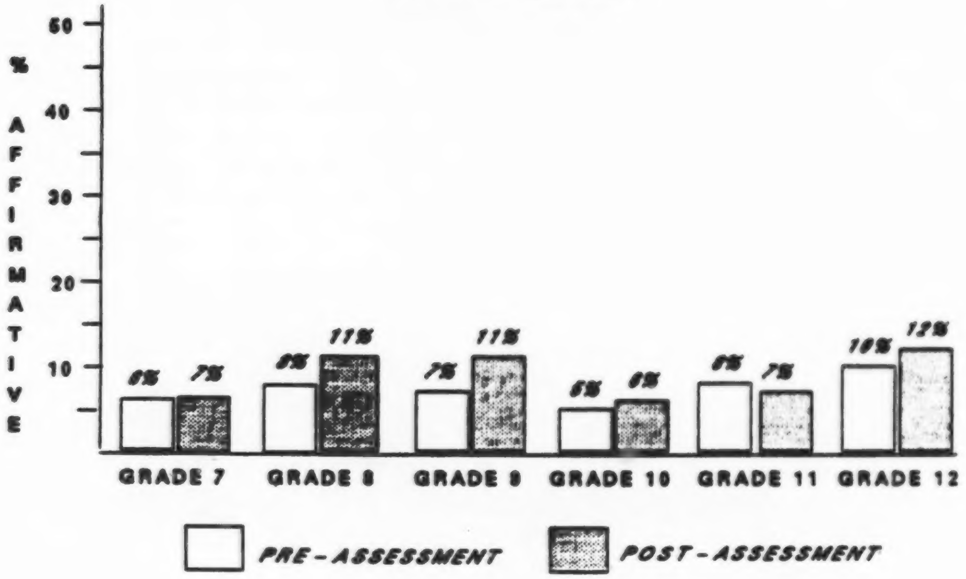


Table 8: Pre/Post Assessment Increase in Students' Reporting of Friends' Suicide Attempts

Grade 7	+ 5%	Grade 10	+ 7%
Grade 8	+12%	Grade 11	+ 3%
Grade 9	+ 7%	Grade 12	+14%

Because we did find some significant correlations between program attendance and willingness to contact an adult when a friend is in crisis (District A only), we suspect that this increase in reporting friends' attempts may be a residual effect of that willingness. Further research would need to be done in order to determine whether such a relationship between willingness to confide in adults and reporting friends' suicidal activity actually exists, and whether school district was a factor. Whether or not this relationship does exist, it is safe to say that the results of this study show that attendance at a suicide prevention program does not significantly affect students' suicidal ideation or activity or their knowledge of other suicidal activity. Both are already familiar to a large percentage of students.

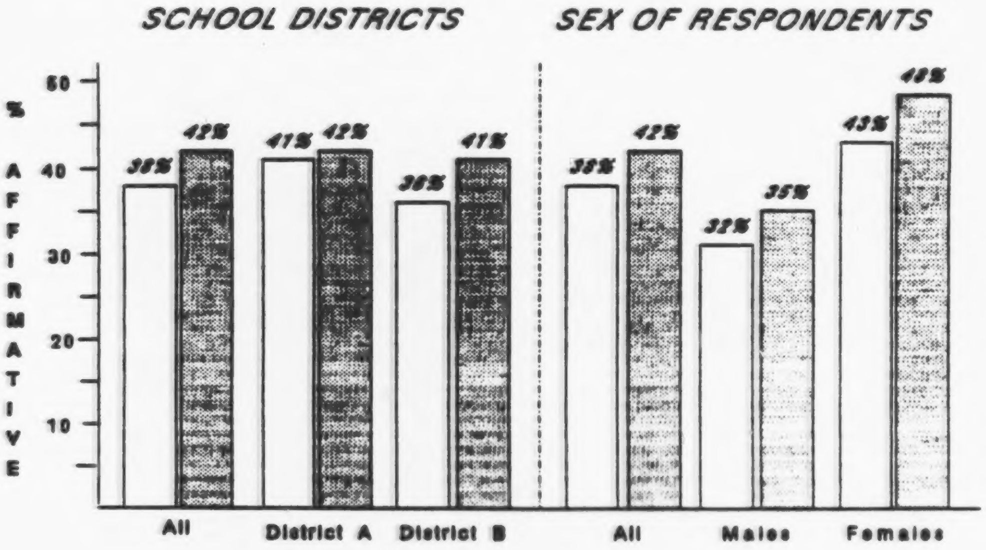
REPORTED SUICIDE ATTEMPTS/COMPLETIONS BY "OTHERS"

The final two items, asking about known suicidal activity other than that of oneself or family and friends, are of a general nature and could include acquaintances, local events, or suicides published by the press. The response pattern is similar to that of the other experience-related items. School district percentages remained similar on pre- and post-assessments; females reported higher percentages of known attempts than males, but a similar percentage of completions. Program attendance was not found to affect post-assessment responses.

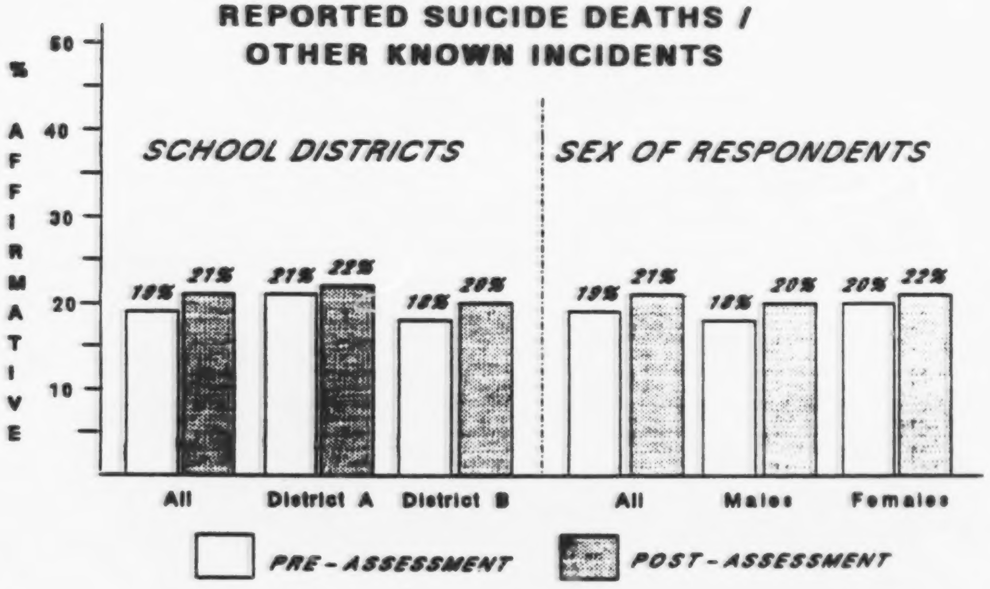
SUMMARY

The findings reported in this section indicate that suicide is an issue of importance in the lives of many teens regardless of school district, sex, or grade level. Although the findings with regard to the effect of program attendance must be considered tentative due to the limitations of the study's design, there seems to be no indication that attending an open discussion on the topic of suicide encourages suicidal behavior. These findings should serve to reassure school administrators, teachers, counselors, and parents that programs which address this issue have little likelihood of raising the level of suicidal activity among students.

REPORTED SUICIDE ATTEMPTS / OTHER KNOWN INCIDENTS



REPORTED SUICIDE DEATHS / OTHER KNOWN INCIDENTS



DEALING WITH CRISIS

Another issue studied in Project Lifesaver is that of crisis intervention. Given the prevalence of suicidal ideation among secondary students, who are those students most likely to turn to for help in a crisis situation?

Charlotte Ross found a very low preference for adult confidants among 120 teens in California (Peck, et. al.). A recently released (Dayton Daily News, 1986) study of 3,600 rural Minnesota teens found that of 54 crisis-coping options, talking with teachers, guidance counselors, clergy or professional counselors "ranked dead last." Parents fared a little better: Mothers ranked 31st, fathers 48th. Not surprisingly, peers ranked first, followed by such options as staying away from home, eating, smoking, music, drugs, and alcohol.

Although not presented with such an extensive listing of options, the secondary students participating in Project Lifesaver responded in a similar manner. Students were asked to indicate the individual(s) they would be most likely to talk to in two different situations:

1. If a friend were seriously depressed and/or suicidal; and
2. If they, themselves, were seriously depressed and/or suicidal.

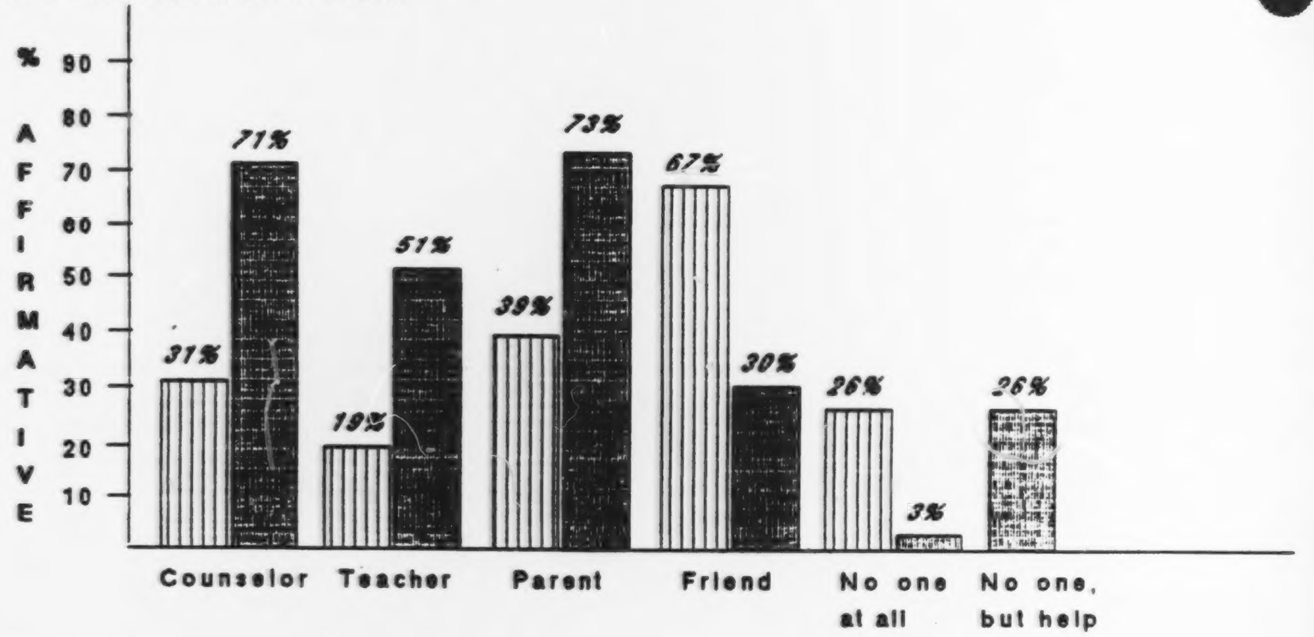
Differences were found in a comparison of the pre- and post-assessment data for the items relating to these two situations.

What is most striking is the near-reversal of the percentages for parents and peers. To help a friend in crisis, a relatively high percentage of students would be willing to tell the friend's parents or a school counselor, but would be less likely to tell another peer. However, if they themselves were in crisis, a friend would be twice as likely to know than the student's own parents.

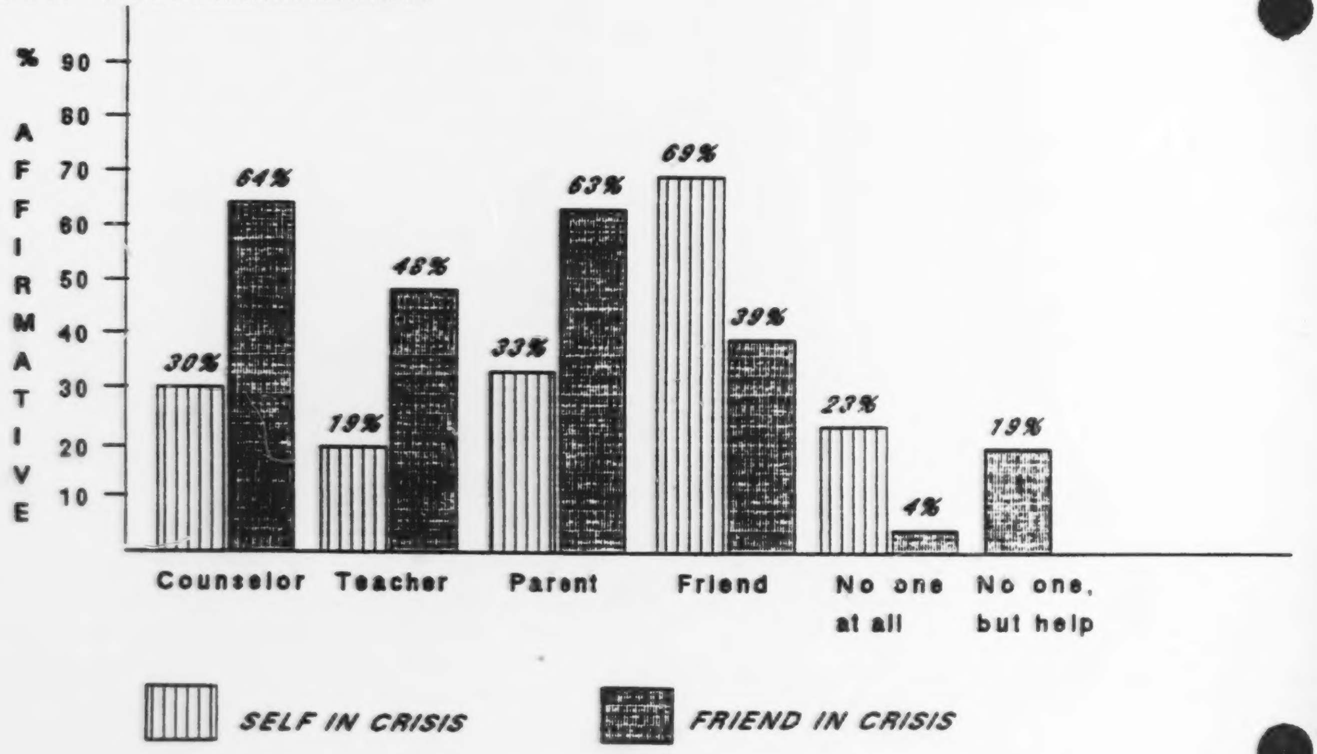
Program attendance did not prove to be influential to the responses of students with regard to a friend in crisis. Attendance made no difference in their preferences for telling a friend's parents or telling another friend, and had only a small effect on the number of those affirming the selection of a teacher or counselor. Students who had attended suicide prevention programs had smaller percentages of students preferring to "tell no one, but try to help" than students who had not attended a program. What appears to be happening as a result of the classroom programs is that although we may not be persuading large numbers of students to confide in parents and school personnel, we are convincing them that they must tell someone. Even if that someone is a friend, the friend may be the one to go to an adult for help.

DEALING WITH CRISIS: SELECTED RESOURCES

Pre-Assessment Results



Post-Assessment Results



A chi-square analysis of the resource preference data from each school district was done in order to determine the effect of program attendance on students' post-assessment responses. We found many similarities in the ranking of resource preferences when the two school districts were compared, although actual percentages for most items were lower in the District A sample. The findings for both school districts are summarized.

For a friend in crisis, the main difference between the two school districts was in the percentages. District B students had higher percentages affirming adult resources than those in District A on both the pre- and post-assessments. When the attendance variable was analyzed, program attendance was found to be of greater importance to District A post-assessment responses than those of District B students. In District A students who attended a program had significantly higher percentages of students affirming the choices of the friend's parents, another friend, and a teacher than those who did not attend. Attendance did not appear to make a difference with regard to school counselor or not telling anyone or doing nothing to help. Students who attended a program, however, had a lower percentage of respondents who would "tell no one, but try to help."

Table 9: Correlations Between Program Attendance and Resource Preferences (p=)
(all resources rank-ordered)

District A

Friend in Crisis		Self in Crisis	
1. Counselor	.158	1. Friend	.241
2. Parent	.003	2. Parent	.016
3. Friend	.003	3. Counselor	.891
4. Teacher	.020	4. No one	.006
5. No one, try to help	.001	5. Teacher	.041
6. No one, do nothing	.419		

District B

Friend in Crisis		Self in Crisis	
1. Parents	.920	1. Friend	.809
2. Counselor	.028	2. Parents	.474
3. Teacher	.038	3. Counselor	.117
4. Friend	.526	4. Teacher	.401
5. No one, try to help	.039	5. No one	.359
6. No one, do nothing	.031		

Note: All correlations were positive, i.e. attendance at the program produced the desired effect on students' responses. However, conclusions must be considered tentative since a matched-pair analysis of pre- and post-assessments was not possible in this study.

Attendance at the suicide prevention classroom program had little effect on the students' preferences for help when they themselves are in crisis. Only in District A did we find some positive correlation between students who attended the program and the preference for parents and teachers. Students who had attended the program in District A also had lower percentages of students who would "tell no one" than students who had not attended.

The most alarming statistic revealed in this analysis is the high percentage of students who would "tell no one" of their own or of a friend's suicidal crisis. One-fourth of the pre-assessment respondents would tell no one of a friend's crisis, although they would try to help as much as possible. One-fourth of the pre-assessment and nearly one-fourth of the post-assessment respondents would tell no one of their own suicidal feelings.

Resource Preferences of Students Who Reported Ideation or Attempts

The above findings raised the question of resource preferences listed by those students who reported suicidal ideation and/or personal suicide attempts. The hypothesis was that students who ideate or attempt suicide would have a proportionately higher rate of students listing preferences for "Tell a friend" or "Tell no one" than students in general, given the high probability that any attempts to communicate their feelings or to talk about their suicide attempts would have been met with a negative response from many adults.

Several differences were found in the responses of students who have reported suicidal ideation or suicide attempts when the pre- and post-assessment data are compared to that of the entire study group. The results are summarized in Table 10.

Table 10: Affirmative Responses of Students Who Report Suicidal Ideation Suicide Attempts

Resource	All students		Ideated		Attempted	
	Pre n=2104	Post n=1695	Pre n=855	Post n=701	Pre n=199	Post n=201
1. tell a friend	67%	69%	67%	68%	66%	67%
2. tell no one	26%	23%	34%	30%	38%	34%
3. tell my parents	39%	33%	25%	18%	13%	13%
4. tell a counselor	31%	30%	24%	22%	23%	20%
5. tell a teacher	19%	19%	12%	13%	12%	11%
6. call a crisis center (SPC)	39%	51%	33%	43%	26%	40%

As the table indicates, students who reported ideation and/or suicide attempts do not differ from the general population of this study with respect to confiding in a friend. They do, however, have a smaller percentage of respondents willing to confide in adults (parents, teachers, counselors, crisis workers) and a higher percentage indicating they would "tell no one" than the general population. The pre- to post-assessment change for all three groups remained similar for all six items, indicating a high probability that the participants were affected by the classroom program in much the same manner, regardless of their personal experience with ideation or suicide attempts. Future studies using a matched-pair analysis and controlling for program attendance would be needed to verify this hypothesis.

It is frightening to realize that one-fourth or fewer of students reporting thoughts of suicide or suicide attempts would turn to an adult as a resource. Although a fairly high number would confide in a friend, there is no way of knowing whether that friend would, in turn, go to an adult with the information. Most alarming is the high percentage of these potential suicides who would elect to "tell no one" of their crisis.

SUMMARY

Regardless of school district, an alarming 22-28% of the respondents would "tell no one" of a personal suicidal crisis. Fifteen to thirty percent would likewise "tell no one" of a friend's suicidal crisis, although they would do their best to help the friend. These percentages are even higher when the students who reported suicidal ideation and attempts are considered. As with other studies of adolescent resource preferences, parents, school counselors, and teachers have a low likelihood of being among the primary resources selected by an adolescent to provide assistance in a crisis situation. The likelihood of these adults being selected as a resource does increase considerably if the adolescent is attempting to help a friend through a suicidal crisis.

FACTUAL INFORMATION ABOUT SUICIDE

Along with gathering information about secondary students' experiences with suicidal behavior and their preferences for adult and/or peer resources in crisis situations, the Project Lifesaver assessment instruments were designed to measure the effectiveness of suicide prevention classroom programs in conveying factual information about suicide and the recognition of common indicators of depression and suicide among adolescents.

Thirteen items on the assessment surveys were designed to test factual accuracy. Problems with the wording of two items on the pre-assessment (Items 4c and 11) resulted in changes on the post-assessment form. No pre- and post assessment comparisons are included for these two items, although post-assessment data is included.

Table 11: Accurate Responses to Factual Information Items (Rank-Ordered by Change)

Item	Pre	Post	% of desired change
People who talk about suicide seldom commit suicide. (false)	27%	70%	+43%
Most suicides happen without warning. (false)	50%	67%	+17%
(Indicator) Person goes through extreme mood changes. (true)	75%	91%	+16%
Even if a person receives help, he or she will always remain suicidal. (false)	86%	71%	-15%
(Indicator) Person talks about death and dying. (true)	83%	89%	+ 6%
Most people who attempt suicide don't really want to die. (true)	73%	79%	+ 6%
Suicide often runs in families because it can be inherited. (false)	93%	90%	- 3%
Suicide among teenagers below age 19 is increasing. (true)	93%	90%	- 3%
(Indicator) Person talks about feeling helpless/hopeless. (true)	90%	89%	- 1%
Suicide occurs most often among the poor. (false)	86%	86%	0%
When the person saying he or she will commit suicide swears others to secrecy, it is best to tell someone anyway. (true)	92%	92%	0%
(Indicator) Person drops out of regular activities. (true)	---	81%	----
People commit suicide to end extreme emotional pain. (true)	---	87%	----

A high percentage of change occurred for only four items (first four listings). Three of the four changes were positive, indicating an improvement in accuracy after the classroom programs were completed. Two of these desired changes related to the breaking down of the widely-accepted myths that suicide occurs without warning and that people who speak openly about suicide are unlikely to attempt or complete suicide. The single significantly negative change (i.e. lessening accuracy) appears to show that a single session of suicide prevention training is not adequate time to work on students' perceptions of the permanence of suicidal feelings. It is not known whether this perception is the result of students' experiences with suicidal peers or with their own, seemingly endless, feelings of depression.

Of the nine remaining items, two do not have a comparable pre-assessment item, five changed less than 5%, and two showed a 6% rise in accuracy levels. A look at the actual pre-assessment percentages shows that many secondary level students already possess a fairly high level of accurate information about some aspects of suicide prevention. Post-assessment percentages indicate that exposure to professionally presented information has, for the most part, a positive impact.

School Districts and Factual Information

When the data from the two school districts was compared, few differences were found. Six percent or less separated the pre- and post-assessment accuracy of the responses of District A and B students for eight of the thirteen items. The percentage difference was greater than 10% for only two items:

Table 12: School District Differences

Item		District A	District B	Difference
(Indicator) person drops out of regular activities. (true).	(Post only)	88%	77%	11%
Most suicides occur without warning. (false)	(Pre)	63%	44%	19%
	(Post)	77%	60%	17%

It should be noted that the pre- to post-assessment increase in accuracy for this last item was similar for both districts, indicating an equally positive effect on both groups of students.

Grade Levels and Factual Information

Grade level data from the post-assessments was analyzed to determine whether any grade level consistently performed better than the others or if the grades showed similar response patterns. Grade 7 students had the lowest level of accuracy on six of the thirteen items but also the highest accuracy level on three other items. Grade 12 students showed the reverse: highest accuracy on six items and lowest on two others.

Table 12: Highest and Lowest Post-Assessment Factual Accuracy Levels
(% accurate responses)

Item	Highest	Grade	Lowest	Grade
4a. Person talks about feeling helpless and hopeless. (T)	93%	12	83%	7
4b. Person talks about death/dying. (T)	92%	12	89%	7 & 10
4c. Person drops out of regular activities. (T)	90%	12	71%	7
4d. Person goes through extreme mood changes. (T)	93%	11	89%	7
5. People who talk about suicide seldom commit suicide. (F)	74%	7 & 12	67%	9 & 10
6. Suicide often runs in families because it can be inherited. (F)	93%	9	86%	7
7. Most people who attempt suicide don't really want to die. (T)	83%	10 & 11	74%	12
8. Even if a person receives help, he or she will always remain suicidal. (F)	77%	10	65%	12
9. Suicide occurs most often among the poor. (F)	91%	7	81%	10
10. Most suicides happen without warning. (F)	82%	12	54%	7
11. People commit suicide to end extreme emotional pain. (T)	91%	11	85%	8 & 10
12. When the person saying he or she will commit suicide swears others to secrecy, it is best to tell someone anyway. (T)	94%	7 & 9	91%	8 & 10
13. Suicide among teenagers below age 19 is increasing. (T)	94%	12	89%	8 & 10

This discrepancy between the grade levels is probably less the result of the students' grade levels than the result of variations in the presentations given at each grade level and the number of students at each grade level who had actually attended a classroom presentation. Grades 7 and 8 had the highest percentage of students attending classroom programs (84% and 87% respectively); grade 12 the lowest (58%). Although the Suicide Prevention Center speakers all follow the same basic outline for classroom presentations, each has a personal style of delivery and may place a slightly different emphasis on the factual information. In addition, there may have been variations in time allowed for the outlined presentation and responding to questions posed by the students in attendance.

SUMMARY

Secondary students seemed to possess a considerable amount of factual information about suicide even before attending a suicide prevention program. The results obtained from Project Lifesaver indicate that the level of accurate information possessed by students at all six grade levels can be increased as a result of classroom presentations. Since the specific grade level does not appear to make a significant difference in the students' ability to learn factual information, suicide prevention program developers would do well to consider other factors such as students' experiences with suicide and/or attitudes toward the program itself when designing classroom programs.

The Project Lifesaver results indicate a dramatic increase in suicidal ideation and attempts reported by eighth graders as compared to seventh graders. For this reason, the seventh and eighth grade years may be key points in suicide prevention programming. Similarly, the increasing expectations and responsibilities thrust upon older students by others and themselves, may make the later high school years (grades 11 and 12) an excellent place in the curriculum for a suicide prevention "refresher course." Another reason for recommending the early (7 and 8) and later (11 and 12) secondary grades for suicide prevention programming is the positive attitude and overall responsiveness of the students in these grades who participated in Project Lifesaver. The section which follows details the experiential aspects of Project Lifesaver.

SECONDARY STUDENTS: EXPERIENTIAL RESULTS

Four experienced speakers presented the classroom programs in both school districts, using similar outlines and the same films (see next section for film information). Each speaker reported talking individually with one or more students after many of the presentations. Although these conversations often began with a question or comment of a general nature, many evolved into an inquiry about a specific, personal situation. Many students expressed concerns for a friend, saying that some aspect of the program triggered this concern by verifying their feeling that the friend's behavior seemed to indicate a serious problem.

Although individual classes varied widely in their responsiveness during the classroom presentations, most seemed interested in the program. In a few classrooms students listened attentively, yet no one ventured a comment or question. In others a lively exchange occurred not only between speaker and students, but also among the students themselves. In most, students listened to the speaker, viewed the film, and participated in a question-and-answer session during the last third of the class period.

Being in the classroom prior to the students' arrival was beneficial in two ways. Early arrival afforded an opportunity for the speaker to talk with the teacher beforehand to determine whether any particular situations (i.e. a recent suicide or attempt, a death in the family, a divorce or other family crisis) might surface and need to be addressed during the discussion. This proved helpful in a tenth grade classroom in which the film "Did Jenny Have to Die?" was to be used. In the film, one of the problems Jenny faced was an unintended pregnancy and subsequent abortion. In this tenth grade, two girls had, in fact, become pregnant and one had elected to have an abortion. During the classroom presentation students reacted with much eye contact and afterward there was a considerable amount of student interaction as students left the room, but no specific issues were raised in the classroom. Nonetheless, talking with the teacher beforehand prepared the speaker for a possible open discussion.

A second benefit of the speaker's early arrival is an opportunity to observe the students as they enter the room. Most teachers have told the students of the speaker's arrival in advance, so students are aware of what issue this person represents even before formal introductions have been made. Some groups exhibit a high level of anxiety upon entering the room. This may take the form of quiet whispers and furtive looks at the "suicide lady (or man)" or more boisterous comments and pokes in the ribs. This latter bevavior seemed to occur most often in the lower secondary grades (7-9). Speakers facing an anxious class found it helpful to initiate the presentation by confronting the anxiety directly. By acknowledging the anxious feelings and their normalcy, the speaker is usually able to establish rapport quickly and move into the presentation itself.

All classroom presentations include a discussion of the stresses and problems which may build up to a suicidal crisis for a vulnerable teen. Not surprisingly, the main areas in which stress occurs are the home, the school, and the peer group. The films used to stimulate discussion of the behavioral and situational indicators have been selected because they include references to all three. Despite the differences in the socio-economic backgrounds of the students, the problems cited in both districts were similar: divorce and remarriage of parents, teachers and grades, sports, jobs, dating and sex, pressure to use drugs and alcohol. Although not all students admitted to having had thoughts of suicide at one time or another (as asked on the assessments), none had any problem understanding how these feelings might surface in a friend.

Suicide and Music

Although a discussion of the impact media, movies, and music may have on the behavior of teens is beyond the scope of this report, two situations relating to rock music and suicide did occur toward the end of the Project Lifesaver classroom presentations in April, 1986. At that time rock singer Ozzy Osbourne was receiving a great deal of media attention. A lawsuit had been filed against the singer by a California man whose nineteen-year old son had completed suicide. The youth's body had been found wearing a headset attached to a cassette player containing an Ozzy Osbourne tape which included the song "Suicide Solution." In those classrooms in which students briefly discussed this case, most students seemed to feel that the music itself did not induce the youth's suicide, that he must have had many other problems to bring him to that point.

One of the discussions led to a student's request to leave the room to obtain a tape which the speaker might be interested in hearing. He returned with a tape entitled "Suicidal Tendencies" by a group of the same name, referring to it as "skate boarding music." Although the lyrics seemed unintelligible to several Suicide Prevention Center staff members, the students had no problem reciting the lyrics. Follow-up in the remaining classroom presentations indicated an awareness of this tape among students in both districts and availability in several local record outlets.

It is not the intention of this report to pass any judgment on rock music and its potential, or lack of potential, to influence the listener. However, the knowledge that tapes containing references to suicidal behavior do exist and are known to a large number of students might prompt further research in this area.

SECONDARY STUDENTS: PROGRAM EVALUATION

The data from the Project Lifesaver pre- and post-assessments of secondary students shows:

1. That suicide is a personal issue for a large number of students;
2. That classroom programs on suicide prevention do not increase the level of suicidal ideation and activity;
3. That classroom programs on suicide prevention can increase students' level of awareness of suicide indicators and factual information; and
4. That more work is needed to train school personnel in suicide prevention techniques in order to raise the credibility of adults as resources for teens in crisis.

One final area was assessed at the end of the Project Lifesaver classroom program: the students' perceptions of program content and audio-visuals.

Three different films were used during the secondary level classroom presentations (see appendix). Films were used on an as-available basis for both film and equipment; no attempt was made to control the number of classrooms or the grade levels viewing each film. For this reason, the program evaluation is best considered an informal opinion poll rather than a formal evaluation.

Overall, 91% of District A respondents and 94% of District B respondents would recommend the classroom program to other students at their grade level, regardless of which film was viewed. When film viewed was included as a variable, some differences did occur.

RESULTS OF STUDENT EVALUATION

Item: Overall I think the presentation was:

	Good-Excellent	Fair-Poor
"Jack"	85%	15%
"Jenny"	93%	7%
"Teens in Crisis"	81%	19%
No film	83%	17%

Item: I think the film was:

	Good-Excellent	Fair-Poor
"Jack"	78%	22%
"Jenny"	87%	13%
"Teens in Crisis"	76%	24%
No film	---	---

Item: The information given during the presentation was:

	Very Useful	Somewhat Useful	Not Useful
"Jack"	44%	40%	16%
"Jenny"	49%	41%	10%
"Teens in Crisis"	48%	33%	19%
No fil	37%	49%	14%

Item: I would/would not recommend this program to other students at my grade level.

	Would	Would not	No response
"Jack"	84%	7%	9%
"Jenny"	91%	6%	3%
"Teens in Crisis"	75%	25%	0%
No film	85%	15%	0%

On all four items, students who viewed the film "Did Jenny Have to Die?" gave higher ratings to both the film and the program than students viewing either of the other films or no film at all. School district did not have an appreciable effect on the ratings for either "But Jack Was a Good Driver" or "Did Jenny Have to Die?". "Teens in Crisis" was used only in District B and only in grades 7 and 9, so no comparisons using this film are made.

	District A	District B
"Jack"		
Good-Excellent	79%	79%
Fair-Poor	21%	21%
"Jenny"		
Good-Excellent	86%	91%
Fair-Poor	14%	9%

Since each student did not have an opportunity to view all three films for purposes of evaluation, it is difficult to determine the reasons for the higher ratings given to programs using "Jenny." Some inferences can be made, however. "Jenny" is a more recently-released film than "Jack." Several students had commented on the dated clothing and slang used in the film "Jack," although there is no evidence that this overcame students' ability to hear the film's content.

Another factor may be the story line of the films. "Did Jenny Have To Die?" uses flashbacks to depict Jenny's suicidal progression and to clearly present the circumstances which led her to choose suicide. "But Jack Was a Good Driver" shows only the conversation of two friends discussing the possibility that Jack's fatal car accident was, in fact, a suicide. Jack is not present in the film and little mention is made of the circumstances which led to his death. Although both films present the same factual material, the content of "Jenny" may have had a strong emotional impact on the teens who viewed that film; the content of "Jack" may have had no similar impact on its viewers.

"Teens in Crisis" received the lowest ratings of the three films. Some adult viewers have commented on the film's "preachiness;" teens may view this film in the same light. Age of student or school district may also have been factors. "Teens in Crisis" was used only in District B and only in grades 7 and 9. Students in District A or in grades 8 and 10-12 may have responded differently to this film.

Summary

Although the informal survey of the suicide prevention classroom program showed a slight preference for one film over the other two, this difference was not pronounced enough to suggest that a particular film or type of film is best. A number of factors should be considered when selecting suicide prevention films for adolescent viewers:

1. Developmental level of students;
2. Length of film should allow ample time for follow-up discussion;
3. Experiences of students which may be similar to those depicted in the film; and
4. Most importantly; film content must include:
    a. Accurate factual information;
    b. Recent statistical data, if such data is included at all;
    c. Believable characters and situations;
    d. Strong emphasis on recognition of suicidal indicators; and
    e. A strong statement of the importance of finding a responsible adult contact in a crisis situation.

STUDENT RESPONSES TO THE SUICIDE PREVENTION PROGRAM

At the end of the post-assessment students were invited to comment on their experience. Very few (n=11) actually chose to do so, but several comments may prove helpful to those designing youth suicide prevention programs.

From a male attempter, grade 11:

> "I think the program should be geared more towards how the individual feels due to low self-esteem and how he/she doesn't have to hate themselves and therefore doesn't have to die. Having attempted suicide before, I feel these points might be helpful."

Suggestion: Facts are important, but the need to share factual information should not override the need to deal with feelings, self-esteem, and other emotional issues.

From a female, grade 12:

> "It should be presented in not so simple terms-suicide is not so simple yet the clues are so clear in the films (This student viewed both "Jack" and "Jenny.") that a seventh grader could pick them out easily.

Suggestion: Adjust program content to specific developmental levels. Twelfth grade students are adults in many ways; seventh grade students are in many ways still children. The same program is unlikely to adequately meet the needs of both groups.

From a seventh grade male attempter, who is also the survivor of a friend's suicide death:

> "You're not good welcome." (In response to the closing "Thank you for your participation in Project Lifesaver.")

Suggestion: In nearly every classroom there will be at least one teen whose life has been affected by suicide. Sometimes these teens will say or do things to bring their distress to the attention of the speaker or teacher; more often they will not.

Teachers need to be educated to both the overt and more subtle indicators of depression and suicidal crisis which may surface in the days or weeks following a classroom presentation. For this reason, the Suicide Prevention Center strongly recommends in-services for teachers prior to the classroom presentations.

From a ninth grade female who has friends who have attempted suicide:

> "It (the program) didn't help someone with a real problem."

Suggestion: Students recognize the need for more than a one-hour program to deal with the problems of teen depression and suicide. Those who are close to attempters may be feeling helpless, powerless, and bereft of resources to help their friend. Again this points out the need to develop increased awareness and sensitivity among parents and other adults who work with teens, as well as the need for ongoing services for crisis intervention in the school setting.

SECONDARY LEVEL TEACHERS

RESEARCH

One hundred fifty-one staff members participated in the pre-assessment survey and 82 in the post-assessment. Since the majority of the participants (130 pre; 70 post) were teachers, no attempt was made to separate administrators (4 pre; 3 post) and counselors (11 pre; 8 post) for the data analysis. The drop in post-assessment participants can be attributed in large part to the loss of all but seven staff members at the District B junior high school, for unexplained reasons. Forty-four of the sixty-nine missing post-assessment responses were from District B.

The Statistical Analysis System (SAS) was used for data analysis. Items were analyzed using frequency distributions and chi-square tests of probability since the nominal data included in the survey cannot be analyzed using multivariate procedures. Where used, the level of significance was deemed to be $p < .05$. Because anonymity was necessary, no matched-pair analysis of pre- and post-assessment surveys was possible. For this reason, conclusions regarding the effect of attendance should be subjected to further research under more controlled situations. It should be noted, however, that 85% of the post-assessment participants did attend one or more of the three in-service sessions.

RESULTS

Indicators of Depression and Suicide

As with the elementary level teachers, the most dramatic impact of workshop attendance was on those items relating to masked depression. For secondary teachers the greatest change occurred on items listing aggression and hostility (3c) and inability to concentrate in class (3e). Table 1 provides an item analysis for behaviors which are possible indicators of depression and suicide.

Table 1: Indicators of Depression and Suicide
(% of accurate responses)

Item	Pre	Post	Change
3a. Adolescent expresses feelings of helplessness and hopelessness. (True)	95%	96%	+ 1%
3b. He/she talks about death and dying. (True)	78%	94%	+16%
3c. He/she behaves in an aggressive, hostile manner. (True)	42%	84%	+42%
3d. He/she withdraws from activities with peers. (True)	93%	98%	+ 5%
3e. He/she is unable to concentrate in class. (True)	70%	93%	+23%

Like their elementary counterparts, secondary teachers had no trouble accepting the "classic" indicators of depression and suicide before the in-service: expressions of hopelessness (3a) and withdrawal from activities with peers (3d). At the in-service sessions, teachers had initially expressed many reservations with regard to the possibility that overt behaviors, particularly aggression and hostility, could be signals of depression or suicidal thinking in teens. This was most strongly evidenced in District B where only 33% of the teachers surveyed on the pre-assessment agreed with the item listing hostility and aggression as possible suicide indicators. Even the District B post-assessment agreement of 80% was considerably lower than that in District A (55% pre; 91% post).

One possible explanation may be an overall higher level of overtly aggressive and hostile behavior in District B. On a later survey item (31c) teachers were asked to indicate whether or not students had approached them with peer problems. On both the pre- and post-assessment, District B teachers reported a higher percentage of their encounters with students' peer problems than District A teachers.

Table 2: Teachers Reporting Peer Problems -- District Differences
(% affirmative)

	Pre	Post
District A	81%	91%
District B	89%	98%
Difference	8%	7%

Peer problems are frequently the cause of fighting and other overtly aggressive behaviors. It may be that teachers who must frequently deal with hostile peer interactions are less able to differentiate between peer-provoked aggressive behavior and aggressive behavior which is a symptom of a student's inner turmoil. Conversely, teachers in settings where hostility and aggression are less the norm may be more likely to respond to these behaviors simply because they are unexpected. In any event, all school personnel need to be aware of the possibility that there may be a relationship between a student's aggressive behavior and his/her self-destructive or suicidal feelings, and that aggressive or hostile behavior, when coupled with other suicide indicators, must be taken seriously.

Another masked behavior which changed dramatically from pre- to post assessment was the student's ability to concentrate in class. In this instance post-assessment results showed teachers in the two school districts to be in agreement. The difference between districts was, however, considerable on the pre-assessment.

Table 3: Inability to Concentrate in Class as a Suicide Indicator
(% accurate responses)

	Pre	Post	Change
District A	85%	94%	+ 9%
District B	60%	92%	+32%
Difference	25%	2%	

In this case, a factor in the pre-assessment difference between teachers in the two school districts may lie in the composition of the student population. District A students are largely accustomed to high parental and teacher expectations, many are college-bound. Because of the general affluence of the District A community it is reasonable to also assume that fewer students hold after-school jobs, a factor which may cause tiredness in class. For these reasons, and perhaps others, teachers in District A may find inattentiveness in class to be more unusual and therefore more likely to prompt an inquiry into its cause. On the other hand, the very diverse population of District B will most likely include fewer academically-involved students and more students involved in after-school employment out of economic necessity. For these, and possibly other reasons, teachers in District B may be less likely to consider inattentiveness and inability to concentrate as unusual behaviors. As with the issue of aggression and hostility, teachers in all school settings need to be aware that inattentiveness in a normally attentive student, or inattentiveness accompanied by other depression indicators, may signal a student at high risk for suicide.

A third item showing a fairly high pre- to post-assessment change was 3b: "He/she talks about death and dying." Far less difference exists between teachers in the two school districts for this item, however.

Table 4: Talking About Death and Dying as a Suicide Indicator
(% accurate responses)

	Pre	Post	Change
District A	76%	91%	+15%
District B	79%	96%	+17%
Difference	3%	5%	

A concern with death, immortality, and other related issues is not unusual in adolescents. Research by many child development specialists, such as that done by Jan Piaget and Maria Nagy (1923, 1948), indicates that people reach a full understanding of the permanence of death and its personal inevitability during the early adolescent years. Coping with this understanding is a facet of normal adolescent development. As with aggression and inattentiveness, the critical factor is a change from the student's usual behavior. Sudden, intense preoccupation with death may be the result of a student's personal loss (of a pet, family member, friend) or an impending or perceived loss (terminal illness, divorce, poor grades) and, as such, has the potential to trigger a suicidal crisis. Teachers need not be alarmed by a teen's normal need to strive for an understanding of his or her mortality, but they do need to be alert to an intense, sudden, and perhaps inexplicable, preoccupation with death and dying.

Intervention and Suicide Indicators

As with the elementary level teachers, little change was observed on item 9 a-h, which was designed to solicit information about teacher responsiveness to crisis-related behaviors. Six of the eight behaviors (dropping grades, crying, inattentiveness, withdrawal, and unusual behavior change) are also among the potential suicide indicators which are related to item 3 d and e (withdrawal and unable to concentrate).

Table 5: Student Behaviors Which Would Prompt Intervention (% affirmative)

Item	Pre	Post	Change
a. When approached first by the student	95%	98%	+ 3%
b. When approached by another concerned student	91%	94%	+ 3%
c. Dropping grades	80%	82%	+ 2%
d. Crying behavior	89%	82%	+ 1%
e. Asleep/non-attentive in class	76%	76%	no change
f. Dropping out of activities	73%	76%	+ 3%
g. Isolating self from peers	77%	88%	+11%
h. Any change in behavior or routine	72%	78%	+ 6%

Again, little change was observed on the comparison items (9 a-h) which asked teachers to indicate student behaviors which would prompt their intervention. Pre-assessment affirmative responses were not as high as those of elementary teachers, ranging from 72% ("dropping out of activities" and "any observed behavioral change") to 95% ("when approached first by another student"). Post-assessment results remained stable with the exception of 9g: "isolating self from peers," which increased by 11% on the post-assessment.

Although the survey percentages were not as high, secondary teachers are similar to elementary teachers in their willingness to respond to a student in crisis, regardless of whether or not they would classify the behavior as indicative of depression or suicide.

Crisis Intervention and the Secondary Teacher

Knowledge of the range of behaviors which may indicate a student in crisis can speed the process by which appropriate intervention can take place. As with the elementary staff in-service, the primary emphasis of the secondary level in-service is on referral rather than long-term intervention. Teachers are given the same basic crisis intervention steps as those outlined in Suicide Prevention: The Gatekeeper's Role (SPC, 1984). These steps give the teacher a means to assess the severity of the situation and to provide immediate support to the student as the referral process is set in motion. The results of survey item 4 a-f (crisis intervention) are summarized in Table 6.

Table 6: Appropriate Crisis Intervention Strategies
(% accurate responses)

Item	Pre	Post	Change
a. Empathy (yes)	68%	82%	+14%
b. Ignore the threat (no)	92%	88%	- 4%
c. List options for problem resolution (yes)	92%	99%	+ 7%
d. Trust building (yes)	93%	98%	+ 5%
e. Ask directly about suicidal intent (yes)	60%	74%	+14%
f. Offer advice (no-desired response)	41%	43%	+ 2%
(yes)	54%	48%	- 6%
(no response)	5%	9%	+ 4%

It appears that secondary teachers are as prone to advice-giving as their elementary level peers, despite in-service discussion of the possibility of advice-giving becoming counter-productive (i.e. if the advice fails, trust may be lost; if it works, the teen may become more dependent upon the advice-giver).

Although a 14% pre- to post-assessment gain was also evidenced on item 4e: "Ask directly about suicidal intent," one-fourth of the post-assessment respondents are still unwilling or unable to ask directly about suicidal intent, even after in-servicing. It cannot be determined from the results of this study whether this reluctance is the result of a lack of sufficient in-service practice (made necessary because of scheduling problems) or some other factor.

Making Referrals

Once the youth in crisis has been identified, the referral process begins. Most secondary schools have at least one counselor or psychologist available on a daily basis; some have even begun the practice of hiring a crisis intervention counselor. However, many counselors have not received specific suicide prevention training during their graduate studies or as the result of professional in-services, and therefore remain uncomfortable and uncertain in their dealing with suicidal students. For this reason, the counselor as well as the referring teacher can benefit from suicide prevention training.

Speedy intervention is critical when suicidal intent is known or even suspected. The individual may have a suicide plan and access to a means of suicide; the teen with no specific plan may still act impulsively if a means becomes available. An additional complication may arise if the parents are unable or unwilling to deal with the problem, since parental consent is essential if treatment is to take place. The Suicide Prevention Center's in-service training suggests a team approach to parent conferencing: even if the actual conference is conducted only by the counselor, he or she should have obtained documented input from teachers and/or the administration. Counselors, teachers, and administrators also need to consider the development of in-school resources for teens.

To determine the types of resources most likely to be considered for use by secondary teachers, item 10 a-i was included in the assessment survey. The results are summarized in Table 7.

Table 7: Resource Rankings of Secondary Teachers
(% affirmative)

	Pre		Post
1.	School psychologist/counselor 93%	1.	School psychologist/ counselor 95%
2.	Suicide Prevention Center 79%	2.	Suicide Prevention Center 94%
3.	Administrator 78%	3.	Administrator and Mental Health Center 84%
4.	Parents 76%	4.	Myself and Parents 81%
5.	Myself 75%	5.	Other teachers 70%
6.	Other teachers 65%	6.	Student's peers 55%
7.	Mental Health Center 64%		
8.	Student's peers 53%		

In all cases the percentage of affirmative responses increased on the post-assessment. The most dramatic increase occurred with teachers' willingness to call the Suicide Prevention Center (+15%) and to contact a local mental health center (+24%), suggesting that in-servicing teachers had a positive impact on willingness to contact an agency outside the school setting, evidence which is strengthened by the fact that 85% of the post-assessment respondents had attended all or some of the in-service sessions.

In the previous chapter (Elementary Level Teachers) the results of the resource ranking done by elementary teachers showed that teachers in District B have a higher percentage of respondents willing to contact a local mental health center than teachers in District A, especially on the post-assessment. No similar results occurred when the secondary level teachers' responses were analyzed. In fact, teachers in District A had a higher percentage of respondents selecting mental health centers than District B on both the pre- and post-assessments, as indicated in Table 8.

Table 8: Selection of Mental Health Centers as a Resource
(% affirmative)

	District A		District B	
	Pre	Post	Pre	Post
Elementary level	70%	78%	85%	96%
Secondary level	67%	91%	61%	80%

Apparently the hypothesis advanced in the "Elementary Teacher" chapter, that the relatively high affluence of parents in District A makes private counseling affordable and therefore more likely to be preferred over mental health centers, does not hold up when applied to secondary level teachers. A look at the elementary and secondary level teachers' responses to survey item 31 may indicate an area for future study:

Table 9: Teacher Experiences With Suicidal Students

	District A		District B	
	Pre	Post	Pre	Post
Elementary level	17%	34%	22%	31%
Secondary level	36%	42%	51%	55%

In both school districts the greater percentage of encounters with suicidal students occurs at the secondary level. It may be that the greater the likelihood of an encounter with a suicidal student, the more willing a teacher is to contact any and all available resources, including mental health centers.

Results of this section of the study also show that secondary teachers are similar to elementary teachers in their willingness to consider themselves as resources for a student in crisis. When data from all subjects is analyzed, the percentages are nearly identical.

Table 10: Selection of Self as A Resource
(% affirmative)

	Pre	Post
Elementary level	74%	83%
Secondary level	75%	81%

The results of this study also show that secondary teachers are no more likely to consider the student's peers as a resource than elementary teachers (none higher than 56%), yet these peers can provide valuable information about events and changes which may be affecting the student. With proper training and adult supervision many teens are successfully functioning as peer counselors in many high schools.

Factual Information

One desired long-term effect of teacher in-service programs on adolescent suicide prevention is to provide teachers with factual information which they can adapt to the individual and class needs of their students. It is not only appropriate, but necessary, that the subject of suicide be addressed in the secondary classroom as early as the seventh grade (see discussion of student results).

An overwhelming majority (98% pre; 99% post) of the secondary teachers participating in Project Lifesaver feel that suicide prevention should be a shared home-school responsibility, yet in many cases a major part of this responsibility falls to the school. One cannot deny that the many social issue problems (i.e. teen pregnancy, drug and alcohol abuse, and interpersonal violence) which school personnel are forced to address place a heavy burden on the teacher, yet we must also acknowledge the reality that these problems are frequently factors in teen suicidal behavior. Like it or not, teachers must be armed with accurate factual information in order to help their students cope with these issues.

The first in-service session includes information of a general nature -- statistics, high risk groups, terminology, etc. Items 12-30 of the survey forms were included to assess gains in factual knowledge about depression and suicide as a result of in-service attendance. It should be noted that the compromising required in scheduling the sessions necessitated the deletion of some material. For this reason item 20 (suicide and genetic factors) and item 23 (holidays) were deleted from the item analysis. These two topics were not addressed at all staff sessions. Problems resulting from teachers' confusion about the intent of item 19 led to the deletion of that item as well. Seven items addressed facts specifically associated with youth suicide. These are tabulated in Table 11.

Table 11: Response to Factual Items About Youth Suicide
(% accurate responses)

Item	Pre	Post	Change
13. Children under age 10 are not capable of committing suicide. (false)	96%	96%	no change
21. Teenage depression is frequently masked by other behaviors. (true)	39%	96%	+57%
22. Very few children under age 14 commit suicide. (false)	84%	81%	- 3%
25. A knowledge of the indicators of teenage depression is essential to effective intervention skills with suicidal adolescents. (true)	87%	92%	+5%
27. When evaluating suicide potential among adolescents it is important to consider both verbal and behavioral indicators. (true)	---	99%	---
28. There is no point in introducing the topic of death to young people until they ask about it. (false)	95%	98%	+3%
30. Suicide occurs most frequently among teens with poor academic records. (false)	91%	89%	-2%

For six of these seven items the accuracy of pre-assessment responses was already above 80% and remained relatively unchanged on the post-assessment. Like their elementary level peers, secondary level teachers were low in their pre-assessment accuracy for the item about masked depression, but showed a dramatic increase on the post-assessment. No differences occurred between the responses of District A and B teachers.

The remaining eight items address some of the facts and myths about suicide in general. Again, the responses of the teachers in both districts differed little from each other or from the overall response pattern. A somewhat higher percentage of District A teachers (82%) than District B teachers (74%) responded correctly to item 18 (suicide and mental illness). Similarly, a somewhat higher percentage of District A teachers (85%) than District B teachers (76%) responded correctly to item 24 (acknowledging suicide as an option). No reasons for this difference can be determined from the survey data.

Table 12: Responses to Factual Information
(% accurate responses)

Item	Pre	Post	Change
12. Most suicides occur with no prior warning. (false)	74%	100%	+26%
14. People who talk about suicide are not likely to be the ones to commit suicide. (false)	58%	95%	+37%
15. Suicidal persons are fully intent on dying. (false)	56%	81%	+25%
16. Once a person is suicidal, they are likely to be suicidal forever. (false)	82%	71%	-11%
17. Suicide occurs less often among the middle class than among the poor or the wealthy. (false)	70%	95%	+25%
18. Suicidal persons are mentally ill. (false)	64%	77%	+13%
24. Appropriate intervention with suicidal persons includes a willingness to acknowledge that suicide is an option. (true)	69%	70%	+10%
26. Improvement following a suicidal crisis means that the suicidal risk is over. (false)	94%	96%	+2%

Overall, secondary teachers' performance improved dramatically on the post-assessment, suggesting that even a brief (2-3 hour) in-service can have a great impact on teachers' knowlege of factual information about suicide.

No reasons can be deduced from the survey data to explain the decline in post-assessment accuracy for item 16: "Once a person is suicidal, they are suicidal forever." The in-service presenter consistently emphasized the effectiveness of intervention with suicidal persons. It was expected that this emphasis, coupled with the knowledge that suicidal persons are not necessarily mentally ill and that suicide is frequently a response to a crisis situation, would be sufficient to assure the teachers that a suicidal state is not necessarily permanent. This does not appear to be the case in this situation. Accuracy levels dropped for all teachers (-11%), District A teachers (-14%), and District B teachers (-8%).

TEACHER RESPONSES TO IN-SERVICE

Secondary teachers were asked to complete the same in-service evaluation form as elementary teachers. A total of 63 teachers responded; 34 from District B and 29 from District A. All 63 responded to the final item: "I would/would not recommend this in-service to other schools." Ninety-seven percent (n=60) responded affirmatively, although only 78% (n=49) rated the overall program as "excellent" or "very good" (8, 9, or 10 on a ten-point scale). Ratings of "good" and "average" (5-7 points) and "poor" (less than 5 points) made up 19% (n=12) and 3% (n=2) of the remaining responses, respectively.

The objectives relating specifically to factual information (2a) and resources (2d) received the highest percentage of "excellent" and "very good" ratings (2a=76%; 2d=75%). Recognition of indicators (2b) received the lowest percentage of similar responses (2b=62%). Interestingly, post-assessment survey results show that teachers made some of their greatest gains in knowledge on items relating to indicators of depression and suicide. It may be that some teachers do not yet feel confident of their ability to apply that knowledge with their students.

The majority of respondents (73%) considered the length of in-service to be "fine." The same number (13%) of respondents evaluated the in-service as either "too long" or "too short." In each of these cases, the largest number of responses was from teachers in District A.

	District A	District B
Too long	n=6	n=2
Too short	n=5	n=3

Comments attached to several District A evaluations seemed to show that those evaluating the program "too short" felt a need for more discussion, question and answer time, and more in-depth information. Respondents evaluating the program "too long" cited redundancy of information and/or the lunch-hour time slot in 3 of the 5 instances. District A teachers who considered the length "fine" made similar comments regarding the need for more specific, local-level discussion, case studies, and a better time slot. It should be pointed out that a primary cause of these problems was the scheduling compromise which necessitated the deletion of case studies and group activities.

Several District B teachers' comments referred directly to the application of training to their own situation. One reported using the information to develop a teen suicide unit for a Home Economics class and several wrote of students who had come to them as a direct result of the classroom presentations. In conversation, a secondary level administrator in District B commented on an increase in the number of students being referred to the counseling staff, which he attributed largely to the increased awareness of both staff and students as a result of the suicide prevention programs.

Recommendations for In-Service Scheduling

Suggested strategies for the implementation of suicide prevention programs at the secondary level are the same as those recommended for the elementary level:

1. Contact the district or school several months in advance to avoid scheduling problems. Most school districts set the school calendar for the next year in late winter or early spring.
2. If possible, schedule a 4-6 hour workshop rather than shorter sessions on consecutive days. More can be accomplished and teachers will feel less pressured by not having to attend a workshop before or during the regular school day. Several teachers commented that this left them feeling drained and less able to face the rest of their teaching day.
3. Enlist the assistance and support key school personnel (counselor, lead teacher) when scheduling and promoting the workshops. Teachers usually respond most positively to in-service suggestions of fellow staff members.
4. If no district or building policy for the referral process exists, allow in-service time to form a committee to address this issue and report back to the group. A positive volunteer response is more likely after teachers have been made aware of this need for a referral process during the workshop.

RECOMMENDATIONS

PROGRAM DEVELOPMENT

As a result of working with the administrators, teachers, counselors, and students in two diverse school districts a number of recommendations can be offered to those involved in suicide prevention program development.

1. More than two program formats (one elementary, one secondary) need to be available to meet the specific needs of several developmental levels. The simple puppet skits used in the primary (K-2) grades can be expanded to take into account the longer attention span and more sophisticated problems of older (grade 3-6) elementary students. Similarly, the suicide prevention program offered at the junior high level can be expanded to meet the specific needs of the senior high students, who are rapidly approaching adulthood.
2. In-service of school personnel is essential prior to working with students in the classroom. This in-service should include not only administrators, counselors, and teachers, but also the support staff (i.e. nurses, secretaries, aides, maintenance persons, bus drivers) who may be just as likely to encounter a suicidal student.
3. One essential goal of the staff in-service should be to develop a building (or system) wide crisis intervention strategy for dealing with suicidal students.
4. A second goal should be to integrate the classroom programs into the health curriculum using school personnel as program facilitators.

FUTURE RESEARCH

The analysis of the Project Lifesaver data yielded a great deal of information about students' and teachers' responses to suicide prevention in the classroom, yet also left many avenues open for future research.

Following a 1982 study in one Dayton, Ohio, high school, the Suicide Prevention Center research team made five recommendations for future research, two of which could not be implemented with Project Lifesaver: having a separate school serve as a control group and conducting the research early in the school year to avoid a high level of absenteeism. Any future studies based on the Project Lifesaver research and recommendations would do well to take into account these two factors.

Elementary Level Students

1. Conduct research using interviewing techniques and/or verify pencil and paper data by using individual student interviews.

2. Explore the relationship between religious beliefs and concept of death.

3. Ask students to rank-order their resource preferences, i.e. "If you had a problem, who would you tell first? Next?"

4. Compare groups of students having regular access to a school counselor to those who do not in order to better determine whether the low preference for counselors as a resource observed in this study is an actual preference or merely the result of a lack of availability.

5. Conduct research to determine the reasons behind resource preferences, i.e. level of trust, availability, etc.

6. Control for family structure (i.e. single or duel parent home, stepparents, etc.) to determine the impact of family structure on resource preference.

7. Conduct research on the use of puppets in the elementary grades to determine the effectiveness of this instructional mode at each grade level, particularly the upper elementary grades.

Secondary Level Students

1. Use a matched-pair analysis (i.e. numerically coded) of each participant's pre- and post-assessment responses to more accurately determine the extent of pre- to post-assessment change and the effect of program attendance, particularly with regard to the reporting of suicidal experiences.

2. Conduct further research at the junior high level, including longitudinal studies, to determine whether the observed increase in suicidal activity in the eighth grade (as compared to the seventh) is a developmental change or a situational response unique to the Project Lifesaver simple.

3. Conduct further research to determine whether students who have attempted suicide respond differently to the classroom program than students who have never attempted.

4. Continue the research on the concept of death begun in the elementary grades into the secondary level.

__School Personnel__

1. Use a matched-pair analysis (i.e. numerically coded) of each participant's pre- and post-assessment responses to more accurately determine the extent of pre- to post-assessment change and the effect of program attendance.

2. Conduct a study using similar-sized samples of administrators, counselors, and teachers to determine if staff position has an effect on responses to the programs.

3. Conduct research which controls for the socioeconomic levels and family structure of a school district, i.e. Do teachers in a district with a large number of lower-income and/or non-traditional family structure homes respond differently to training than teachers in districts with a large number of affluent and/or traditional families?

4. Conduct research to determine the factors which caused one-fourth of the teachers participating in Project Lifesaver to continue to be reluctant to ask a student directly about suicidal intent, even after in-service. Similarly, explore the factors which motivated many of these teachers to continue to list "Give advice" as an appropriate crisis intervention strategy, even after in-service.

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APPENDIX A

The surveys which follow were used to pre- and post-assess the Project Lifesaver participants. The In-Service Evaluation was completed by participating teachers. Only one form is included for elementary level students (grades K-2 and 3-6) because no changes were made prior to the post-assessment.

PRE-ASSESSMENT

ADULT-SECONDARY LEVEL

This questionnaire is confidential; do not put your name on the form. Please answer all questions.

1. Position within the school setting:

   a. _____ administrator
   b. _____ psychologist; counselor
   c. _____ teacher
   d. _____ staff: school nurse, secretary, etc.
   e. _____ other: ______________________________

2. Sex: M F

3. Years experience within an educational setting:

   a. _____ (0-5 years)
   b. _____ (6-10 years)
   c. _____ (11-20 years)
   d. _____ (21-30 years)
   e. _____ (31-40 years)
   f. _____ (40+ years)

4. From your experience, which of the following are indicators of adolescent depression and/or suicidal behavior?

   a. _____ Yes _____ No Adolescent feels helpless and hopeless
   b. _____ Yes _____ No Talks about death and dying
   c. _____ Yes _____ No Aggressive behavior
   d. _____ Yes _____ No Isolation from peers
   e. _____ Yes _____ No Inability to concentrate in class

5. What basic crisis intervention skills are appropriate with the depressed/suicidal adolescent?

   a. _____ Yes _____ No Empathy
   b. _____ Yes _____ No Ignore the threat
   c. _____ Yes _____ No List options for problem resolution
   d. _____ Yes _____ No Trust building
   e. _____ Yes _____ No Ask directly
   f. _____ Yes _____ No Offer advice

6. _____ Yes _____ No As an adult working with adolescents, I am comfortable discussing suicide, death, and depression on an individual basis with students.

7. Where do the subjects of death, depression, and suicide belong?

a. _____ Yes _____ No In the home
b. _____ Yes _____ No In the school
c. _____ Yes _____ No Both in the home and in the school

8. Do you ever find it difficult to balance your feeling of compassion with the need to maintain order and discipline in the school setting?

a. _____ Seldom b. _____ Frequently c. _____ Occasionally

9. At which point(s) would you be willing to approach a troubled student?

a. _____ Yes _____ No When approached first by the student
b. _____ Yes _____ No When approached by another concerned student
c. _____ Yes _____ No Dropping grades
d. _____ Yes _____ No Crying behavior
e. _____ Yes _____ No Asleep/non-attentive in class
f. _____ Yes _____ No Dropping out of activities
g. _____ Yes _____ No Isolating self from peers
h. _____ Yes _____ No Any behavioral change

10. As a member of the school staff, which of the following resources would you consider when confronted with a depressed or suicidal student?

a. _____ Yes _____ No Yourself
b. _____ Yes _____ No Parent(s)
c. _____ Yes _____ No Other teacher(s)
d. _____ Yes _____ No Administrator
e. _____ Yes _____ No School psychologist/counselor
f. _____ Yes _____ No The student's peers
g. _____ Yes _____ No Community resources, such as: _______________________
h. _____ Yes _____ No Mental Health Unit
i. _____ Yes _____ No Suicide Prevention Center

11. In your present position, how much opportunity do you have to influence students?

a. _____ non-existent b. _____ minimal c. _____ frequent

12. _____ True _____ False Most suicides occur with prior warning.

13. _____ True _____ False Children under age 10 are not capable of committing suicide.

14. _____ True _____ False People who talk about suicide are likely to be the ones to commit suicide.

15. _____ True _____ False Suicidal persons are not fully intent on dying.

16. _____ True _____ False Once a person is suicidal they are likely to be suicidal forever.

17. _____ True _____ False Suicide occurs more often among the middle-class than among the poor or the wealthy.

18. _____ True _____ False Suicidal persons are mentally ill.

19. _____ True _____ False There are several predictors of suicide which are not considered absolute.

20. _____ True _____ False Suicidal tendencies can be inherited.

21. _____ True _____ False Teenage depression resembles adult depression.

22. _____ True _____ False Very few children under age 14 commit suicide.

23. _____ True _____ False Most suicides do not occur around holidays, such as Christmas.

24. _____ True _____ False Appropriate intervention with suicidal persons does not include a willingness to acknowledge that suicide is an option.

25. _____ True _____ False A knowledge of the indicators of teenage depression is essential to effective intervention skills with suicidal adolescents.

26. _____ True _____ False Improvement following a suicidal crisis means that the suicidal risk is over.

27. _____ True _____ False A suicidal person can be both helped and cured.

28. _____ True _____ False There is no point in introducing the topic of death to young people until they ask about it.

29. _____ True _____ False Funerals are too traumatic for children under age 6 to attend.

30. _____ True _____ False Suicide occurs most frequently among teens with poor academic records.

31. Has a student ever approached you with:

a. _____ Yes _____ No Family problems?

b. _____ Yes _____ No Emotional problems?

c. _____ Yes _____ No Peer problems?

d. _____ Yes _____ No Boy/girl problems?

e. _____ Yes _____ No Suicidal thoughts or behaviors?

32. _____ Yes ______ No Have you attended a workshop or in-service training session on teenage depression or suicide during the past year?

THANK YOU FOR YOUR ASSISTANCE. PLEASE USE THE SPACE BELOW TO INDICATE AREAS OF PARTICULAR CONCERN YOU WOULD LIKE TO SEE ADDRESSED DURING THE IN-SERVICE SESSIONS.

POST-ASSESSMENT

ADULT-SECONDARY LEVEL

This questionnaire is confidential; do not put your name on the form. Please answer all questions.

1. Position within the school setting:

a. _____ administrator
b. _____ psychologist; counselor
c. _____ teacher
d. _____ staff: school nurse, secretary, etc.
e. _____ other: ______________________________

2. Years of professional experience within an educational setting:

a. _____ (0-5 years)
b. _____ (6-10 years)
c. _____ (11-20 years)
d. _____ (21-30 years)
e. _____ (31+ years)

3. Which of the following can be indicators of adolescent depression and/or suicidal behavior?

a. _____ Yes _____ No Adolescent expresses feelings of helplessness and hopelessness
b. _____ Yes _____ No He/she talks about death and dying
c. _____ Yes _____ No He/she behaves in an aggressive, hostile manner
d. _____ Yes _____ No He/she withdraws from activities with peers
e. _____ Yes _____ No He/she is unable to concentrate in class

4. What basic crisis intervention skills are appropriate with the depressed/suicidal adolescent?

a. _____ Yes _____ No Empathy
b. _____ Yes _____ No Ignore the threat
c. _____ Yes _____ No List options for problem resolution
d. _____ Yes _____ No Trust building
e. _____ Yes _____ No Ask directly about suicidal intent
f. _____ Yes _____ No Offer advice

5. _____ Yes _____ No As an adult working with adolescents, I am comfortable discussing suicide, death, and depression on an individual basis with students.

6. _____ Yes _____ No As an adult working with adolescents, I am comfortable discussing suicide, death, and depression in a classroom situation.

7. Where do the subjects of death, depression, and suicide belong?

a. ____ In the home b. ____In school
c. ____ Both in the home and school

8. Do you ever find it difficult to balance your feeling of compassion with the need to maintain order and discipline in the school setting?

a. _____ Seldom b. _____ Frequently c. _____ Occasionally

9. At which point(s) would you be willing to approach a troubled student?

a. _____ Yes _____ No When approached first by the student
b. _____ Yes _____ No When approached by another concerned student
c. _____ Yes _____ No Dropping grades
d. _____ Yes _____ No Crying behavior
e. _____ Yes _____ No Asleep/non-attentive in class
f. _____ Yes _____ No Dropping out of activities
g. _____ Yes _____ No Isolating self from peers
h. _____ Yes _____ No Any change in behavior or routine

10. As a member of the school staff, which of the following resources would you consider when confronted with a depressed or suicidal student?

a. _____ Yes _____ No Yourself
b. _____ Yes _____ No Parent(s)
c. _____ Yes _____ No Other teacher(s)
d. _____ Yes _____ No Administrator(s)
e. _____ Yes _____ No School psychologist/counselor
f. _____ Yes _____ No The student's peers
g. _____ Yes _____ No Suicide Prevention Center
h. _____ Yes _____ No Local mental health center (i.e. Daymont West, Eastway, South Community, Good Samaritan)
i. _____ Yes _____ No Other resources, such as: ______________________________

11. In your present position, how much opportunity do you have to influence students?

a. _____ non-existent b. _____ minimal c. _____ frequent

12. _____ True _____ False Most suicides occur with no prior warning.

13. _____ True _____ False Children under age 10 are not capable of committing suicide.

14. _____ True _____ False People who talk about suicide are not likely to be the ones to commit suicide.

15. _____ True _____ False Suicidal persons are fully intent on dying.

16. _____ True _____ False Once a person is suicidal they are likely to be suicidal forever.

17. _____ True _____ False Suicide occurs less often among the middle-class than among the poor or the wealthy.

18. _____ True _____ False Suicidal persons are mentally ill.

19. _____ True _____ False There are several predictors of suicide that are absolute.

20. _____ True _____ False Suicidal tendencies have not been proven to be genetically linked.

21. _____ True _____ False Teenage depression is frequently masked by other behaviors.

22. _____ True _____ False Very few children under age 14 commit suicide.

23. _____ True _____ False Most suicides occur around holidays, such as Christmas.

24. _____ True _____ False Appropriate intervention with suicidal persons includes a willingness to acknowledge that suicide is an option.

25. _____ True _____ False A knowledge of the indicators of teenage depression is essential to effective intervention skills with suicidal adolescents.

26. _____ True _____ False Improvement following a suicidal crisis means that the suicidal risk is over.

27. _____ True _____ False When evaluating suicide potential among adolescents it is important to consider both verbal and behavioral indicators.

28. _____ True _____ False There is no point in introducing the topic of death to young people until they ask about it.

29. _____ True _____ False Funerals are too traumatic for children under age 6 to attend.

30. _____ True _____ False Suicide occurs most frequently among teens with poor academic records.

31. Has a student ever approached you with:

a. _____ Yes _____ No Family problems?

b. _____ Yes _____ No Emotional problems?

c. _____ Yes _____ No Peer problems?

d. _____ Yes _____ No Boy/girl problems?

e. _____ Yes _____ No Suicidal thoughts or behaviors?

32. Did you attend the in-service training session on teenage depression and suicide which was offered as part of Project Lifesaver?

a. ____ all sessions b. ____ some of the sessions
c. ____ none of the sessions

33. Did you attend a classroom presentation on suicide prevention with your students?

a. ______ Yes b. _____ No

If you responded Yes to item 33, please complete the remaining items.

34. Grade level of the student presentation: 7 8 9 10 11 12

35. The objectives were accomplished:

a. Objective: The student will know the difference between facts and myths about suicide.

Fully 10 9 8 7 6 5 4 3 2 1 0 Little

b. Objective: The student will be able to recognize the warning signs of suicidal behavior.

Fully 10 9 8 7 6 5 4 3 2 1 0 Little

c. Objective: The student will be aware of resources to go to if they or a friend becomes depressed/suicidal.

Fully 10 9 8 7 6 5 4 3 2 1 0 Little

36. I _____ would/ ______ would not recommend this presentation for students at this grade level.

COMMENTS: ____

____

____

THANK YOU FOR YOUR COOPERATION
WITH PROJECT LIFESAVER

PRE-ASSESSMENT

ADULT-ELEMENTARY LEVEL

This questionnaire is confidential; do not put your name on the form. Please answer all questions.

1. Position within the school setting:

   a. _____ administrator
   b. _____ psychologist; counselor
   c. _____ teacher; subject area specialist
   d. _____ staff: school nurse, secretary, bus driver, crossing guard, classroom aide
   e. _____ other: ______________________________

2. Sex: M F

3. Years experience within an educational setting:

   a. _____ (0-5 years)
   b. _____ (6-10 years)
   c. _____ (11-20 years)
   d. _____ (21-30 years)
   e. _____ (31-40 years)
   f. _____ (41-50 years)

4. From your experience, which of the following are indicators of childhood depression and/or suicidal behavior?

   a. _____ Yes _____ No Hyperactivity and unusual restlessness
   b. _____ Yes _____ No Fatigue, falling asleep in class
   c. _____ Yes _____ No Talks/asks about death and dying
   d. _____ Yes _____ No Withdraws from play/classroom activities
   e. _____ Yes _____ No Accident proneness
   f. _____ Yes _____ No Aggressive behaviors

5. What basic crisis intervention skills are appropriate with suicidal/depressed children?

   a. _____ Yes _____ No Ask directly
   b. _____ Yes _____ No Ignore the situation
   c. _____ Yes _____ No Offer advice
   d. _____ Yes _____ No Observe non-verbal behavior
   e. _____ Yes _____ No Empathize with the feelings of the child
   f. _____ Yes _____ No Provide a plan to cope with the immediate situation

6. _____ Yes _____ No As an adult working in a school setting, I am comfortable discussing suicide, death, and depression with children on an individual basis.

7. Where do the subjects of death, depression, and suicide belong?

a. _____ Yes _____ No In the home
b. _____ Yes _____ No In the school
c. _____ Yes _____ No Both in the home and in the school

8. Do you ever find it difficult to balance your feeling of compassion with the maintainance of order and discipline in the school setting?

a. _____ Seldom b. _____ Frequently c. _____ Occasionally

9. At which point(s) would you be willing to approach a troubled student?

a. _____ Yes _____ No When approached first by the student
b. _____ Yes _____ No When approached by another concerned student
c. _____ Yes _____ No Dropping grades and/or classroom performance
d. _____ Yes _____ No Crying behavior
e. _____ Yes _____ No Asleep/non-attentive in class
f. _____ Yes _____ No Dropping out of activities
g. _____ Yes _____ No Isolation from friends
h. _____ Yes _____ No An observed behavioral change

10. As a member of the school staff, which of the following resources would you consider when confronted with a depressed or suicidal student?

a. _____ Yes _____ No Yourself
b. _____ Yes _____ No Parent(s)
c. _____ Yes _____ No Other teacher(s)
d. _____ Yes _____ No Administrator
e. _____ Yes _____ No School psychologist/counselor
f. _____ Yes _____ No The child's peer group
g. _____ Yes _____ No Community resources, such as: ______________________________
h. _____ Yes _____ No Mental Health Unit
i. _____ Yes _____ No Suicide Prevention Center

11. In your present position, how much opportunity do you have to influence students?

a. _____ non-existent b. _____ minimal c. _____ frequent

12. _____ True _____ False Most suicides occur with prior warning.

13. _____ True _____ False Children under age 10 are not capable of committing suicide.

14. _____ True _____ False People who talk about suicide are likely to be the ones to commit suicide.

15. _____ True _____ False Suicidal persons are not fully intent on dying.

16. _____ True _____ False Once a person is suicidal they are likely to be suicidal forever.

17. _____ True _____ False Suicide occurs more often among the middle-class than among the poor or the wealthy.

18. _____ True _____ False Suicidal persons are mentally ill.

19. _____ True _____ False There are several predictors of suicide which are not considered absolute.

20. _____ True _____ False Suicidal tendencies can be inherited.

21. _____ True _____ False Childhood depression is frequently masked by other behaviors.

22. _____ True _____ False Very few children under age 14 commit suicide.

23. _____ True _____ False Most suicides do not occur around holidays, such as Christmas.

24. _____ True _____ False Appropriate intervention with suicidal persons does not include a willingness to acknowledge that suicide is an option.

25. _____ True _____ False A knowledge of the indicators of childhood depression is essential to effective intervention skills with suicidal children.

26. _____ True _____ False Improvement following a suicidal crisis means that the suicidal risk is over.

27. _____ True _____ False A suicidal person can be both helped and cured.

28. _____ True _____ False There is no point in introducing the topic of death to young people until they ask about it.

29. _____ True _____ False Funerals are too traumatic for children under age 6 to attend.

30. _____ True _____ False The rate of incidence of childhood suicide is increasing.

31. Has a student ever approached you with:

a. _____ Yes _____ No Family problems?

b. _____ Yes _____ No Emotional problems?

c. _____ Yes _____ No Peer problems?

e. _____ Yes _____ No Suicidal thoughts or behaviors?

32. _____ Yes ______ No Have you attended a workshop or in-service training session on childhood depression or suicide during the past year?

THANK YOU FOR YOUR ASSISTANCE. PLEASE USE THE SPACE BELOW TO INDICATE AREAS OF PARTICULAR CONCERN YOU WOULD LIKE TO SEE ADDRESSED DURING THE IN-SERVICE SESSIONS.

POST-ASSESSMENT

ADULT-ELEMENTARY LEVEL

This questionnaire is confidential; do not put your name on the form. Please answer all questions.

1. Position within the school setting:

   a. _____ administrator
   b. _____ psychologist; counselor
   c. _____ teacher
   d. _____ staff: school nurse, secretary, etc.
   e. _____ other: ______________________________

2. Years of professional experience within an educational setting:

   a. _____ (0-5 years)
   b. _____ (6-10 years)
   c. _____ (11-20 years)
   d. _____ (21-30 years)
   e. _____ (31+ years)

3. Which of the following can be indicators of childhood depression and/or suicidal behavior?

   a. _____ Yes _____ No Hyperactivity and unusual restlessness
   b. _____ Yes _____ No Fatigue; falling asleep in class
   c. _____ Yes _____ No Talks/asks about death and dying
   d. _____ Yes _____ No Withdraws from play/classroom activities
   e. _____ Yes _____ No Accident proneness
   f. _____ Yes _____ No Aggressive or hostile behavior

4. What basic crisis intervention skills are appropriate with depressed/suicidal children?

   a. _____ Yes _____ No Ask directly
   b. _____ Yes _____ No Ignore the situation
   c. _____ Yes _____ No Offer advice
   d. _____ Yes _____ No Observe non-verbal behavior
   e. _____ Yes _____ No Empathize with the feelings of the child
   f. _____ Yes _____ No Provide a plan to cope with the immediate situation

5. _____ Yes _____ No As an adult working in a school setting, I am comfortable discussing death, depression, and suicide with children on an individual basis.

6. _____ Yes _____ No As an adult working in a school setting, I am comfortable discussing death, depression, and suicide with children on an individual basis.

7. Where do the subjects of death, depression, and suicide belong?

a. ____ In the home b. ____In school
c. ____ Both in the home and school

8. Do you ever find it difficult to balance your feeling of compassion with the need to maintain order and discipline in the classroom?

a. _____ Seldom b. _____ Frequently c. _____ Occasionally

9. At which point(s) would you be willing to approach a troubled student?

a. _____ Yes _____ No When approached first by the student
b. _____ Yes _____ No When approached by another concerned student
c. _____ Yes _____ No Dropping grades and/or classroom performance
d. _____ Yes _____ No Crying behavior
e. _____ Yes _____ No Asleep/non-attentive in class
f. _____ Yes _____ No Dropping out of activities
g. _____ Yes _____ No Isolating self from peers
h. _____ Yes _____ No Any change in behavior or routine

10. As a member of the school staff, which of the following resources would you consider when confronted with a depressed or suicidal student?

a. _____ Yes _____ No Yourself
b. _____ Yes _____ No Parent(s)
c. _____ Yes _____ No Other teacher(s)
d. _____ Yes _____ No Administrator(s)
e. _____ Yes _____ No School psychologist/counselor
f. _____ Yes _____ No The student's peers
g. _____ Yes _____ No Suicide Prevention Center
h. _____ Yes _____ No Local mental health center (i.e. Daymont West, Eastway, South Community, Good Samaritan)
i. _____ Yes _____ No Other resources, such as: ______________________________

11. In your present position, how much opportunity do you have to influence students?

a. _____ non-existent b. _____ minimal c. _____ frequent

ELEMENTARY LEVEL ADULT POST-ASSESSMENT

12. _____ True _____ False Most suicides occur with no prior warning.

13. _____ True _____ False Children under age 10 are not capable of committing suicide.

14. _____ True _____ False People who talk about suicide are not likely to be the ones to commit suicide.

15. _____ True _____ False Suicidal persons are fully intent on dying.

16. _____ True _____ False Once a person is suicidal he or she is likely to be suicidal forever.

17. _____ True _____ False Suicide occurs less often among the middle-class than among the poor or the wealthy.

18. _____ True _____ False Suicidal persons are mentally ill.

19. _____ True _____ False There are several predictors of suicide which are absolute.

20. _____ True _____ False Suicidal tendencies have not been proven to be genetically linked.

21. _____ True _____ False Childhood depression is frequently masked by other behaviors.

22. _____ True _____ False Very few children under 14 years of age commit suicide.

23. _____ True _____ False Most suicides occur around holidays, such as Christmas.

24. _____ True _____ False Appropriate intervention with suicidal persons includes a willingness to acknowledge that suicide is an option.

25. _____ True _____ False A knowledge of the indicators of childhood depression is essential to effective intervention skills with suicidal children.

26. _____ True _____ False Improvement following a suicidal crisis means that the suicidal risk is over.

27. _____ True _____ False When evaluating suicide potential among children it is important to consider both the child's behavior and his/her home situation.

28. _____ True _____ False There is no point in introducing the topic of death to young people until they ask about it.

29. _____ True _____ False Funerals are too traumatic for children under age 6 to attend.

30. _____ True _____ False Suicide occurs most frequently among young children.

31. Has a student ever approached you with:

a. _____ Yes _____ No Family problems?

b. _____ Yes _____ No Emotional problems?

c. _____ Yes _____ No Peer problems?

d. _____ Yes _____ No Suicidal thoughts or behaviors?

32. Did you attend the in-service training session on childhood depression and suicide which was offered as part of Project Lifesaver?

a. ____ all sessions b. ____ some of the sessions
c. ____ none of the sessions

33. Did you attend a (Please check one) __________ puppet show/ _____ class discussion with your students?

If you responded affirmatively to item 33, please complete the remaining items.

34. Grade level of students: K 1 2 3 4 5 6

35. The objectives were accomplished:

a. Objective: The children were able to identify and discuss feelings which are common responses to crisis, grief, and loss.

Fully 10 9 8 7 6 5 4 3 2 1 0 Little

b. Objective: The children received information to help them more fully comprehend the permanence and finality of death.

Fully 10 9 8 7 6 5 4 3 2 1 0 Little

c. Objective: The children had an opportunity to share and learn information about adult resource people to talk with in time of crisis.

Fully 10 9 8 7 6 5 4 3 2 1 0 Little

36. I _____ would/ ______ would not recommend this presentation for students at this grade level.

COMMENTS: ____

____

____

THANK YOU FOR YOUR COOPERATION
WITH PROJECT LIFESAVER

PRE/POST-ASSESSMENT
ELEMENTARY (Grades K-2)

INSTRUCTIONS FOR TEST-GIVER:

Explain to the children that you are going to read some statements about feelings. They should listen carefully to your instructions for marking the papers.

NOTE:

You may repeat an item as often as necessary. Avoid any value-laden comment or explanation which may lead the child's response.

Research indicates that if a child is not developmentally ready to understand the concept of permanence with regard to death, he/she may be unable to respond to that item. Reassure the child that "I don't know" is an acceptable response and tell him/her to draw an X on the item.

IDENTIFICATION OF DATA:

Tell the children that they are not to put their name on the paper. Instruct them to put a K, 1, or 2 in the grade level blank and to circle either the boy or the girl to indicate their sex. When this is completed, instruct the children to write their age in the box under the circled boy or girl.

TEST ITEMS:

Explain to the children that Y stands for yes and N for no. (We have decided not to use smiling faces and non-smiling faces because these are value-laden symbols.) Explain that you are going to read a sentence and that they will circle the Y if they agree and the N if they disagree.

1. It is OK for me to laugh out loud when I feel happy.

2. It is OK for me to cry when I feel unhappy.

3. It is OK for grown-up women to cry when they feel unhappy.

4. It is OK for grown-up men to cry when they feel unhappy.

5. I feel better when I can talk to someone about my feelings.

6. When an animal dies, it stays dead.

7. When people die, they stay dead.

PICTURE PAGE:

The purpose of this page is to gather information about the child's perception of adult or other resources available for the sharing of feelings. Help the children to identify the pictures and instruct them to circle or color the people with whom they can share their feelings.

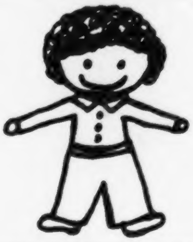
The final box was left blank to allow any child who wishes to draw a picture of someone not pictured to express the full extent of his/her resources. If they are able to label the picture, it will add to our knowledge and will assist us with future lesson planning, but it is not vital and you need not be overly concerned with spelling/labeling.

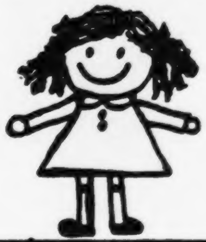
THANK YOU FOR YOUR TIME.
PLEASE USE THE BACK OF THIS SHEET TO INFORM US OF
ANY DIFFICULTIES OR CIRCUMSTANCES OCCURRING DURING
THE TESTING WHICH MAY HAVE AN EFFECT ON THE RESULTS.

PRE/POST ASSESSMENT

ELEMENTARY (Grades K-2)

MY GRADE LEVEL IS:	I AM A:





MY AGE IS: ☐ ☐

1. Y N

2. Y N

3. Y N

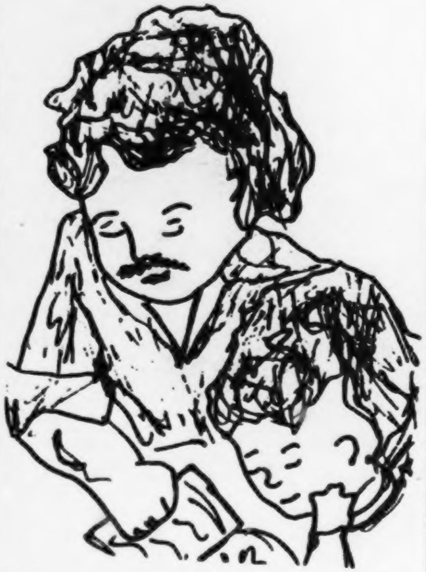
4. Y N

5. Y N

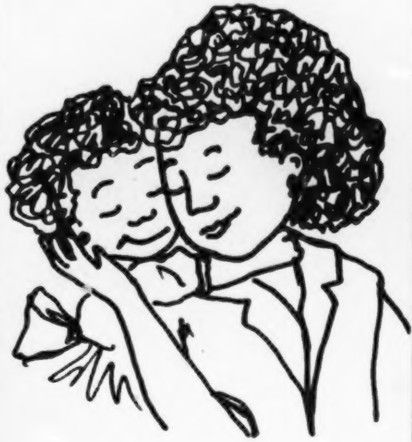
6. Y N

7. Y N

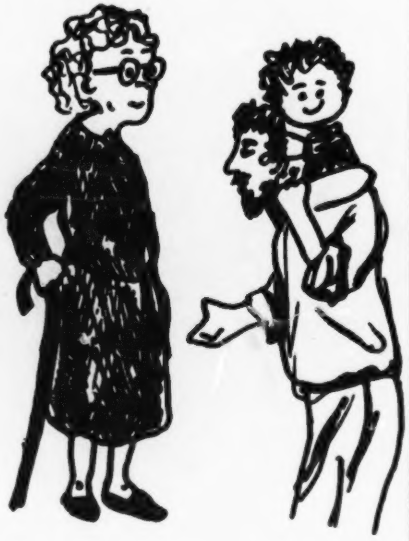
MY FATHER



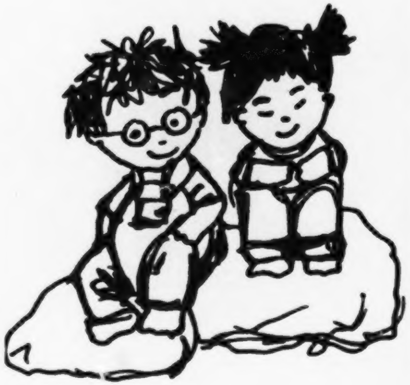
MY MOTHER



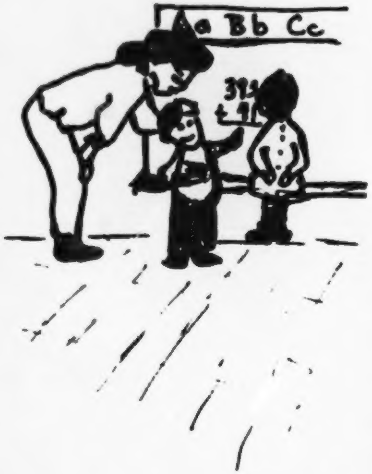
OTHER PEOPLE AT HOME



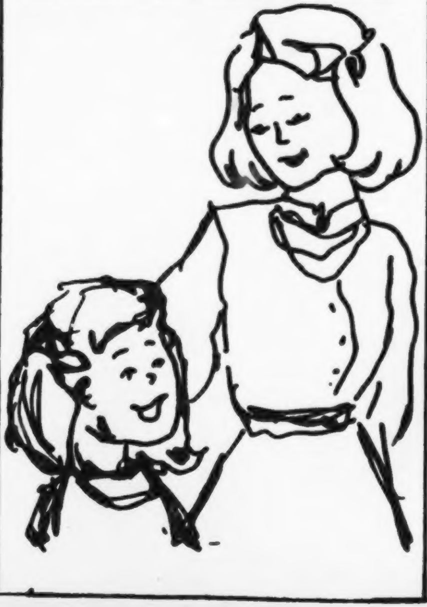
MY FRIEND



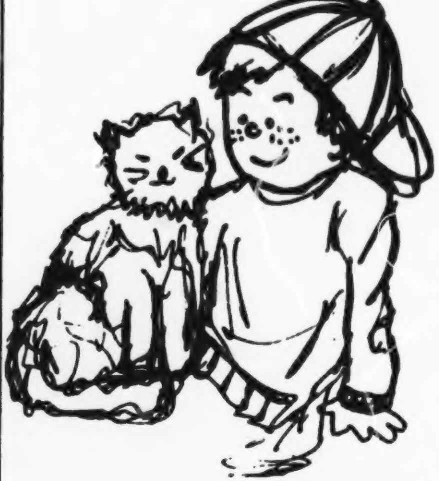
MY TEACHER



ANOTHER GROWN-UP AT SCHOOL



MY PET



PRE/POST-ASSESSMENT
ELEMENTARY (Grades 3-6)

1. Sex: Boy _____ Girl _____
2. Grade: 3 4 5 6
3. Age in years: 7 8 9 10 11 12+

Circle YES or NO to indicate your answer to the following questions.

4. YES NO It is OK for me to cry when I feel unhappy.
5. YES NO It is OK for adult women to cry when they feel unhappy.
6. YES NO It is OK for adult men to cry when they feel unhappy.
7. YES NO Sometimes it is hard for me to change the way I feel.
8. YES NO I feel better when I can talk to someone about my feelings.
9. When I need to share my feelings, I talk to:
   a. YES NO my father
   b. YES NO my mother
   c. YES NO someone else in my family
   d. YES NO my best friend
   e. YES NO an adult friend
   f. YES NO my teacher
   g. YES NO the school counselor
   h. YES NO the principal
   i. YES NO an adult at church or temple
   j. YES NO my pet
   k. YES NO someone else: ______________________________
10. YES NO I had a pet that died.
11. YES NO When an animal dies, it stays dead.
12. YES NO I have been to a funeral.
13. YES NO When people die, they stay dead.
14. YES NO Everything that is alive will die someday.
15. YES NO Sometimes I have questions about death and dying.

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PRE-ASSESSMENT
STUDENT QUESTIONNAIRE

This questionnaire is confidential; don't write your name on the paper. Please answer all questions.

1. Sex: M F

2. Grade: a. _______ 7 d. ______ 10

b. _______ 8 e. ______ 11

c. _______ 9 f. ______ 12

3. a. _____ Yes b. _____ No Have you seen a presentation on suicide in class this school year?

4. Which of these are signs or symptoms that might show up if a person is very depressed or suicidal?

a. _____ Yes _____ No Feeling helpless and hopeless.

b. _____ Yes _____ No Person talks about death and dying.

c. _____ Yes _____ No Person daydreams and falls asleep in class.

d. _____ Yes _____ No Person has extreme mood changes.

Answer the following questions by responding True or False.

5. _____ True _____ False People who talk about suicide are the ones who commit suicide.

6. _____ True _____ False Suicide often runs in families because it can be inherited.

7. _____ True _____ False Most people who attempt to commit suicide don't really want to die.

8. _____ True _____ False Once a person is suicidal, he or she will always be suicidal.

9. _____ True _____ False Suicide occurs most often among the poor.

10. _____ True _____ False Most suicides happen with no warning.

11. _____ True _____ False There is one main type of person who commits suicide.

12. _____ True _____ False When the person saying he/she will commit suicide swears others to secrecy, it is best to tell someone anyway.

13. _____ True _____ False Suicide among teenagers is increasing.

14. If one of my friends were thinking about suicide, I would:

a. _____ Yes _____ No Tell the parents.

b. _____ Yes _____ No Tell other friends.

c. _____ Yes _____ No Tell a teacher.

d. _____ Yes _____ No Tell the school counselor or psychologist.

e. _____ Yes _____ No Not tell anyone; not do anything.

f. _____ Yes _____ No Not tell anyone; but try to help as best I could.

15. _____ Yes _____ No Have you ever thought about committing suicide?

16. _____ Yes _____ No Have you ever tried to commit suicide?

17. _____ Yes _____ No Has someone in your family tried to commit suicide?

18. _____ Yes _____ No Has someone in your family died as a result of suicide?

19. _____ Yes _____ No Have any of your friends ever tried to commit suicide?

20. _____ Yes _____ No Have any of your friends died as a result of suicide?

21. _____ Yes _____ No Have you known anyone else who has tried to commit suicide?

22. _____ Yes _____ No Have you known anyone else who has died as a result of suicide?

23. If you were feeling depressed or had been thinking about committing suicide, what would you do?

a. _____ Yes _____ No Tell your parents.

b. _____ Yes _____ No Tell a teacher.

c. _____ Yes _____ No Not tell anyone.

d. _____ Yes _____ No Tell a friend.

e. _____ Yes _____ No Tell a school counselor or psychologist.

f. _____ Yes _____ No Tell ______________________________

g. _____ Yes _____ No Call Suicide Prevention Center

THANK YOU FOR YOUR HELP!

POST-ASSESSMENT
STUDENT QUESTIONNAIRE

This questionnaire is confidential; don't write your name on the paper. Please answer all questions.

1. Sex: M F

2. Grade: a. _______ 7 d. ______ 10

b. _______ 8 e. ______ 11

c. _______ 9 f. ______ 12

3. a. _____ Yes b. _____ No Did you attend the suicide prevention program presented at your school this year?

4. Which of these are signs or symptoms that might show up if a person is very depressed or suicidal?

a. _____ Yes _____ No Person talks about feeling helpless and hopeless.

b. _____ Yes _____ No Person talks about death or dying.

c. _____ Yes _____ No Person drops out of regular activities.

d. _____ Yes _____ No Person goes through extreme mood changes.

Answer the following questions by responding True or False.

5. _____ Yes _____ No People who talk about suicide seldom commit suicide.

6. _____ Yes _____ No Suicide often runs in families because it can be inherited.

7. _____ Yes _____ No Most people who attempt to commit suicide don't really want to die.

8. _____ Yes _____ No Even if a person receives help, he or she will always remain suicidal.

9. _____ Yes _____ No Suicide occurs most often among the poor.

10. _____ Yes _____ No Most suicides happen without warning.

11. _____ Yes _____ No People commit suicide to end extreme emotional pain.

12. _____ Yes _____ No When the person saying he/she will commit suicide swears others to secrecy, it is best to tell someone anyway.

13. _____ Yes _____ No Suicide among teenagers below age 19 is increasing.

14. If one of my friends were thinking about suicide, I would:

a. _____ Yes _____ No Tell the parents.

b. _____ Yes _____ No Tell other friends.

c. _____ Yes _____ No Tell a teacher.

d. _____ Yes _____ No Tell the school counselor or psychologist.

e. _____ Yes _____ No Call Suicide Prevention Center

f. _____ Yes _____ No Not tell anyone; not do anything.

g. _____ Yes _____ No Not tell anyone; but try to help as best I could.

15. _____ Yes _____ No Have you ever thought about committing suicide?

16. _____ Yes _____ No Have you ever tried to commit suicide?

17. _____ Yes _____ No Has someone in your family tried to commit suicide?

18. _____ Yes _____ No Has someone in your family died as a result of suicide?

19. _____ Yes _____ No Have any of your friends ever tried to commit suicide?

20. _____ Yes _____ No Have any of your friends died as a result of suicide?

21. _____ Yes _____ No Have you known anyone else who has tried to commit suicide?

22. _____ Yes _____ No Have you known anyone else who has died as a result of suicide?

23. If you were feeling depressed or had been thinking about committing suicide, what would you do?

a. _____ Yes _____ No Tell my parents.

b. _____ Yes _____ No Tell a teacher.

c. _____ Yes _____ No Not tell anyone.

d. _____ Yes _____ No Tell a friend.

e. _____ Yes _____ No Tell a school counselor or psychologist.

f. _____ Yes _____ No Tell ______________________________

g. _____ Yes _____ No Call Suicide Prevention Center.

If you attended a class session on suicide prevention, please answer the following items:

24. Which film was used during the presentation?

_____ "But Jack Was A Good Driver"

_____ "Did Jenny Have To Die?"

_____ "Teens Who Choose Life"

_____ No film was used.

25. Overall, I think the presentation was

Excellent	Very good	Good	Fair	Poor
5	4	3	2	1

26. I think the film was

Excellent	Very good	Good	Fair	Poor
5	4	3	2	1

27. The information given during the presentation was

Very useful to me		Somewhat useful to me		Not very useful to me
5	4	3	2	1

28. I _____ would/ _____ would not recommend this program to other students at my grade level.

THANK YOU FOR YOUR PARTICIPATION
IN PROJECT LIFESAVER!

Suicide Prevention Center, Inc. **Project Lifesaver**
1986

IN-SERVICE EVALUATION

School: ______________________________ **Date:** ____________

1. Overall, I consider the presentations to have been

Excellent Poor
10 9 8 7 6 5 4 3 2 1

2. The objectives were accomplished

a. The teacher will know the difference between facts and myths about suicide.

Fully Little
10 9 8 7 6 5 4 3 2 1

b. The teacher will be able to recognize signs of depression/suicide in students.

Fully Little
10 9 8 7 6 5 4 3 2 1

c. The teacher will be aware of basic crisis intervention skills for use with depressed/suicidal students.

Fully Little
10 9 8 7 6 5 4 3 2 1

d. The teacher will be aware of resources to go to if a student is assessed as depressed/suicidal.

Fully Little
10 9 8 7 6 5 4 3 2 1

3. The length of each presentation was

Too Long Fine Too Short
10 9 8 7 6 5 4 3 2 1

4. The resources used (films, handouts) were

Excellent Poor
10 9 8 7 6 5 4 3 2 1

5. The presenter(s) was(were)

Excellent Poor
10 9 8 7 6 5 4 3 2 1

6. I believe I can use what I learned

To A Great Extent									Little
10	9	8	7	6	5	4	3	2	1

7. I _____ would/ _____ would not recommend this in-service to other schools.

8. Additional comments: ____________________________________

____

____

____

____

9. As part of Project Lifesaver, we are presently compiling a resource list of books and films on the topics of death education and suicide. If you have used or know of books and/or films which you feel are particularly effective, please let us know.

Title	Author	Publisher	Grade Level

Film/Tape	Company	Grade Level

Thank you!

APPENDIX B

The outlines which follow were used by the Suicide Prevention Center staff and volunteers who presented adult in-service and classroom programs for Project Lifesaver.

ELEMENTARY TEACHER IN-SERVICE

Note: Participants will be expected to fill out the Adult Questionnaire prior to the first in-service date. I can be available to answer questions on the day this is done, or it can be done at a regular faculty meeting. In order to ensure maximum participation, a designated time should be set aside for this questionnaire.

SESSION 1: INTRODUCTION/DYNAMICS OF CHILDHOOD SUICIDE

A. Introduction
  1. Statistics-national
  2. Statistics-local
  3. Problems with childhood suicide and statistics
  4. High risk factors/groups among children

B. Dynamics of childhood suicide
  1. Psychological factors
  2. Stress
  3. Depression
  4. Loss and the grief process

SESSION 2: RECOGNITION AND ASSESSMENT OF SUICIDE POTENTIAL

A. Recognition of suicidal behavior/symptoms of childhood depression
  1. Difficulty posed by "masked" symptoms
  2. Verbal, behavioral, and situational indicators
  3. Classroom indicators-art, music, creative writing, etc.

B. Assessment of suicide potential

C. Case studies for practice in recognition and assessment

SESSION 3: SHORT-TERM CRISIS INTERVENTION

A. Crisis intervention strategies for the classroom teacher/counselor/nurse
  1. Establishing communication-What to say and how to say it.
  2. 6-step model for crisis intervention
  3. Case studies, if time permits

B. Parents and other family members
  1. Initiating contact with the parent
  2. Community resources for referral

JUNIOR/SENIOR HIGH SCHOOL STAFF IN-SERVICE

Note: Participants will be expected to fill out the Adult Questionnaire prior to the first in-service date. I can be available to answer questions on the day this is done, or it can be done at a regular faculty meeting. In order to ensure the maximum participation, a designated time should be set aside for this questionnaire.

SESSION 1: INTRODUCTION/DYNAMICS OF ADOLESCENT SUICIDE/FILM: "Teenage Suicide" (15 minutes)

A. Introduction
   1. Statistics-national
   2. Statistics-local
   3. Problems with adolescent suicide and statistics
   4. High risk factors/groups among adolescents

B. Dynamics of adolescent suicide
   1. Psychological factors (i.e. romanticism of suicide, lack of experience coping with a crisis)
   2. Stress (home, school, peers, society)
   3. Depression
   4. Loss and the grief process
   5. Ambivalance/impulsivity

SESSION 2: RECOGNITION AND ASSESSMENT OF SUICIDE POTENTIAL

A. Recognition of suicidal behavior/symptoms of depression in adolescents
   1. Differ from behavior and symptoms in adults-may be "masked"
   2. Verbal, behavioral, and situational indicators
   3. Classroom indicators-art, music, creative writing, etc.

B. Assessment of suicide potential (assessment instrument will be available)

C. Case studies for practice in recognition and assessment

SESSION 3: SHORT-TERM CRISIS INTERVENTION

A. Crisis intervention strategies
   1. Establishing communication - What to say and how to say it.
   2. 6-step model for crisis intervention
   3. Case studies

B. Parents and other family members
   1. Initiating contact with the parent
   2. Community resources for referral

LESSON PLAN: GRADES 4-6

Purpose: To provide an alternative to the puppet show for those teachers who feel the puppet show is not appropriate for their class.

Objectives: will be the same as those for the puppet show format

The students will:

1. Identify the feelings which are common responses to crisis, grief, and loss;
2. Begin to develop an acceptance of these feelings, especially those not normally associated with grief and loss (i.e. fear, anger, guilt);
3. Begin to understand the value of talking about feelings with other people;
4. Begin to more fully comprehend the permanence and finality of physical death;
5. Share positive coping skills and knowledge of helpful resource people.

OUTLINE FOR GRADES 4-6

I. Introduction

  A. Relate to questionnaire
  B. Part of research in school programs for coping with grief
    1. Kids today have to cope with many stressful situations.
    2. Many kids have a hard time sharing their feelings in these situations.
    3. Many kids don't have anyone to share those feelings with except friends.
  C. Hope to share your input with other students, teachers, counselors, parents.

II. Kinds of feelings
  A. "Good" feelings are easy to share (ask for examples)
  B. Other feelings are harder to share: scared, sad, angry
  We don't want to be embarrassed or hurt someone else.
  C. Some of the most difficult feelings are those we have when we lose something or someone we love.

III. Losses
  A. List on board
  B. Differentiate serious from less serious losses: permanent, irreplaceable, hurt the most, hardest feelings to share

IV. Grief
  A. All the feelings and reactions we have to a loss can be summed up by the word grief.
  B. Stages of grief
    1. Lonely-scared-it didn't really happen
    2. Angry-guilty-confused
    3. Sad
    4. OK again-good memories
  C. Physical reaction to these feelings -- eating, playing, sleeping, school work

V. Handling grief feelings (define coping)
  A. Negative coping -- ignore, escape, deny
  B. Positive coping - face the situation, do something for yourself or others, *talk to someone who can help you

VI. People to talk to (Students make up a personal list to keep.)
  A. At home
  B. At school
  C. In the neighborhood/community
  D. Suggestions by students

VII. Summarize -- stress sharing feelings with a responsible adult

Suicide Prevention Center, Inc.

BASIC OUTLINE FOR CLASSROOM PRESENTATIONS

I. Introduction

- A. Self to group
- B. Explain what SPC does
- C. Need for discussion
    - * Suicide rate for adolescents has tripled over past twenty-five years
    - * Leading causes of death among teens:
      ACCIDENTS -- SUICIDES -- HOMICIDES
    - * Over 5000 coroner-ruled suicide deaths of adolescents per year (Approximately one suicide teen death every 90 minutes)
    - * 100 to 300 attempts for every completion (Youth Suicide National Center estimates 2,000,000 youth attempts/year)
    - * Attempt vs. completion ratios
    - * Methods used
- D. General outline for presentation
    - * Dynamics of suicide -- Suicidal progression
    - * Signs to look for
    - * What can be done

II. Dynamics of Suicide

- A. High Risk Groups
    - * Age
    - * Employment Factors
    - * Attempters/Survivors
    - * Illness
    - * Prisoners
    - * Mental Illness
    - * Isolated (Urban/Rural)
    - * Professions
- B. What is happening with self-destructive teenager?
    - * Teenage problems -- Family, Friends, School
    - * Depression -- CHANGES in eating, sleeping, relationships
    - * Feelings of helpless, hopeless, looking for ways to cope (coping techniques are sometimes negative)

    - * Life------------------------------------Death
      continuum

    - * Development of "tunnel vision"

III. Signs to Watch For

- A. Suicidal warning signs are harder to spot than signs of depression

B. Situational Clues
* Usually involves a LOSS (either real or perceived)
* Prior attempts (no matter how minor) place them at higher risk
* Feelings of isolation or rejection prevail

C. Behavioral Clues
* Risk-taking behaviors lead to more accidents
* Loss of sense of humor
* Loss of sense of future
* Stops seeing friends
* Makes final preparations
* Gives away prized possessions

D. Verbal Clues
* Direct -- talks about suicide and/or death
* Indirect -- talks about life not worth living, nothing will change

SHOW MOVIE ----------"But Jack Was A Good Driver." DISCUSSION

IV. Interventions -- What YOU Can Do.

A. ASK directly -- Are you thinking about suicide/hurting yourself?

B. LISTEN as a good friend
* Listen for content AND context
* Mirror your friend's feelings
* DON'T judge their situation or them
* DON'T tell them they shouldn't feel the way they do.

C. TELL
* This is not an ordinary secret; this is a LIFE OR DEATH situation
* Whom could you approach for extra help?

    * Another close friend
    * Teacher/counselor
    * Parents
    * An adult you trust to do something about the situation
    * Suicide Prevention Center
    * Community Mental Health Center

V. Conclusion

Recap the overview --
1. Have increased your awareness
2. Talked about some signs that you might see
3. Talked about some of the things that you might do

CHALLENGE THEM TO USE THEIR NEW INFORMATION

VI. Pass out handouts to students while you field questions.

APPENDIX C

The following section includes a description of the Project Lifesaver films and the Suicide Prevention Center's bibliographical listings for both children and adolescents.

PROJECT LIFESAVER FILMS

STAFF IN-SERVICE

Teenage Suicide. MTI Teleprograms, Inc., 3710 North Commercial Avenue, North Brook, IL 60062. (800) 323-5343 or (312) 291-9400. 16 minute film.

> This CBS film documentary is an enlightening portrayal of the issue of teenage suicide as perceived by teens. Several teenagers share their suicide related experiences, including specific causes and their reactions to interventions. An interview with the parents of a 17 year old boy who completed suicide rounds out this sensitive film.

SECONDARY LEVEL CLASSROOM PRESENTATIONS

But Jack Was A Good Driver. CRM/McGraw-Hill Films, 110 Fifteenth Street, Delmar, CA 92014. (714) 453-5000. 15 minute film.

> Two teenage boys discuss the events surrounding the death of their good friend. They offer each other support as they realize they missed or ignored the clues and warning signals. An excellent film for school personnel and adolescent students.

Did Jenny Have To Die? Sunburst Communications, Room T P 757, 39 Washington Avenue, Pleasantville, NY 10570. (800) 431-1934 or (914) 769-5030. Available on filmstrips or video cassettes as a three part series with teacher's guide. 45 minutes.

> An in-depth analysis of a case of teen suicide reveals some of the causes, warning signs and ways to prevent this number two cause of adolescent death. Students view the tragedy through the eyes of family members, friends, teachers, and the victim herself. (Only Part I of the series was used in Project Lifesaver.)

Teens Who Choose Life: The Suicidal Crisis. Sunburst Communications, Room T P 757, 39 Washington Avenue, Pleasantville, NY 10570. (800) 431-1934. Available in filmstrip or video format. Three part series with teacher's guide. 45 minutes.

> This filmstrip series focuses on two aspects of suicidal activity: attempts and ideation. Through the depiction of the stories precipitating the two attempts and the research of the ideator, the viewer learns the warning signs and intervention steps necessary in dealing with the suicidal person. (For Project Lifesaver, only one story in the series was used for each 50-minute classroom presentation.)

CHILDREN'S RESOURCES ON DEATH AND/OR SUICIDE

Audio-Visual Resources

Many of these resources include a study guide that explains how the film is best used to benefit your students. Those films marked by an asterisk are available through the Montgomery County Public Library.

Annie and The Old One.* BFA Educational Media, 1976. 14 minutes. Grades Primary-Elem.

The old one, Annie's grandmother, who is about to die, says she will return to the earth when the new rug is finished on the loom. Unable to accept her grandmother's death, Annie tries to secretly pull out strands of the rug.

Cipher in the Snow. Brigham Young University, 1973. 24 minutes. Elem.-Adult.

An award-winning true story of a boy no one thought was important until his sudden death one snowy morning. Emphasizes concern for needs of every child.

Dead Bird.* Oxford Films, 1972. 13 minutes. Grades Elementary-Junior High.

The theme of the film lends itself to a discussion about the naturalness of death, leading to a class appraisal of the essential values in living.

Death of a Gandy Dancer.* Learning Corporation of America, 1977. 26 minutes. Elem.-Adult.

Ben Matthews, an old railroader, is dying of cancer. His family decides not to tell him, but as his condition worsens, he is the one who helps them face the inevitable. He dies, leaving 10-year old Josh a legacy of growing ability and profound memories.

Footsteps on the Ceiling. Phoenix Films, 1981. 8 minutes. Elementary-Adult.

A tender love story, told without words, about a little girl who finds a special treasure in the attic to comfort her sick and dying grandmother.

The Magic Moth. Centron Films, 1976. 22 minutes. Elementary-Adult.

Dramatic story depicts death of a young girl, including the reactions of her family members, and the process which they go through during this crisis.

My Grandson Lew.* Barr Films, 1976. 13 minutes. Primary-Elementary.

Lew's grandpa has not visited him for a long time, and Lew misses him. Lew finds out from his mother that his grandpa has died. They both share memories as Lew begins to realize the importance and joy of remembering loved ones.

Uncle Monty's Gone.* McGraw-Hill Films, 1976. 14 minutes. Primary-Intermediate.

Uncle Monty is an entertainer, and when the school budget for sports is cut, he offers to stage a show to help raise money for sports. Unfortunately, before the show is produced, Uncle Monty dies suddenly. His niece, Undine, who loved him very much, refuses to face the fact that he is gone. She rebuffs the boys' attempts to help her and withdraws into herself. Her mother finally makes Undine understand that Uncle Monty enjoyed life and had a zest for living. Undine decides to do what Uncle Monty would have done. She and the boys continue preparation of the show. (This is a Cosby Kids animated movie.).

Understanding Suicide. Sunburst Communications, 1986. Filmstrip or Video. Grades 5-9.

This program helps students understand the `whys' of peer suicide, recognize its warning signals in their classmates, and learn what they can do to prevent it.

Children's Books -- Non-fiction

Anders, Rebecca. A Look at Death. Minneapolis: Lerner Publications Company, 1978.

Text and pictures look at death as a part of life. Ages 8-11.

Bernstein, Joanne E. Loss. New York: The Seabury Press, 1977.

Bernstein, Joanne E. and Stephen Gullo. When People Die. New York: E. P. Dutton, 1977.

Discusses death and grief in general. Suicide is mentioned. This could be used as a starting point for discussion. Ages 5-8.

Dodge, Nancy C. Thumpy's Story: A Story of Love and Grief Shared. Springfield, IL: Prairie Lark Press, 1984.

Deals with the death of a rabbit, Thumpy's younger sister, and the grief reactions within his family. Ages 4-7.

Grollman, Earl A. Talking About Death, A Dialogue Between Parent and Child. Boston: Beacon Press, 1976.

Krementz, Jill. How It Feels When A Parent Dies. New York: Alfred A. Knopf, 1981.

Eighteen children speak openly and honestly about their own personal experiences and feelings when one of their parents died. A survivor of suicide's account is included. Ages 10-14.

LeShan, Eda. Learning to Say Goodbye When A Parent Dies. New York: MacMillan Publishing Company, Inc., 1976

A discussion of death of a parent with many case histories. It discusses many of the feelings children have and may not share. One case history includes a suicide. Ages 10-14.

Murray, Gloria and Gerald G. Jampolsky, MD, eds. Another Look at the Rainbow. Millbrae, CA: Celestial Arts, 1982.

This book was written by brothers and sisters of children who have developed terminal or catastrophic illnesses. Includes thoughts, feelings and coping techniques. Ages 9-Adult.

Richter, Elizabeth. Losing Someone You Love. New York: G.P. Putnam's Sons, 1986.

Fifteen young people who have lost a sibling talk openly about their feelings, and their difficulties at home and school. Includes a suicide account. Ages 10-14.

Segerberg, Osborn, Jr. Living with Death. New York: E. P. Dutton and Co., Inc., 1976.

Discussion of different views and aspects of death. Also included is a section on coping with death, including a brief section on suicide. Ages 11 and up.

Simon, Norma. The Saddest Time. Niles, IL: A. Whitman, 1986.

Explains death as the inevitable end of life and provides three situations in which children experience powerful emotions when someone close to them dies.

Stein, Sara Bonnett. About Dying. New York: Walker and Company, 1974.

Billed as an "open family book for parents and children together," this book juxtaposes a big print/picture story with an accompanying text which provides more specific detail for adults. The story depicts the death of first a bird, and then a grandparent. Ages Pre-school-Adult.

Children's Books -- Fiction

Anderson, Leone Castille. It's O.K. to Cry. Elgin, IL: The Child's World, Inc., 1979.

Two brothers come to grips with the death of their favorite uncle. Ages 5-8

Armstrong, William. The Mills of God. Garden City, NY: Doubleday, 1973.

A lonely boy, affected by the Depression and fatal illness of his brother, considers suicide when he must give up a beloved dog. Ages 11+

Arundel, Honor. The Blanket Word. Nashville: Nelson, 1973.

A girl's mother dies from cancer. Ages 10-14

Bartoli, Jennifer. Nonna. New York: Harvey House, Publishers, 1975.

Taking a positive approach, this story shows the natural reactions to death, handled with warmth and understanding. Ages 5-8

Brown, Margaret Wise. The Dead Bird. Reading, MA: Addision-Wesley, 1958.

The finding of a dead bird and its burial are explored. Ages 5-8

Carrick, Carol. The Accident. New York: The Seabury Press, 1976.

After his dog is hit by a truck and killed, Christopher finds a satisfying way to express his grief and guilt. Ages 5-8

Cleaver, Vera and Bill. Grover. Philadelphia: Lippincott, 1970.

The process of accepting a mother's suicide, chosen instead of death from cancer. Ages 8-12

Coburn, John. Annie and the Sand Dobbies. New York: The Seabury Press, 1964.

A religious account of death, as seen through the eyes of a young boy who loses his infant sister and dog. Ages 8-12

dePaola, Thomas Anthony. Nana Upstairs and Nana Downstairs. New York: Putnam's, 1973. Ages 5-8

Fassler, Joan. My Grandpa Died Today. New York: Behavioral Publications, Inc. 1971.

The story of love and devotion between a grandfather and grandson, and the struggle of the boy to understand and accept the grandfather's death. Ages 4-8

Greene, Constance C. Beat the Turtle Drum. New York: Viking Press, 1976.

This is the moving tale of the death of an eleven-year old girl following an accident. Ages 8-12

Harris, Audrey. Why Did He Die? Minneapolis: Lerner Publications Company, 1974.

This is a poem representing one mother's strong efforts to speak to her child on the subject of death. Ages 5-10

Hermes, Patricia. You Shouldn't Have to Say Good-bye. New York: Harcourt, Brace Jovanovich, Inc. 1982.

In this moving first person story of death and loss, a young girl experiences anger, denial, avoidance, and other wrenching emotions as she does her best to come to terms with her mother's dying. Ages 10-13

Klein, Norma. Confessions of an Only Child. New York: Pantheon, 1974

The death of an infant and its effect upon a girl who did not want a sibling. Ages 8-12

Kubler-Ross, Elizath. Remember the Secret. Millbrae, CA: Celestial Arts, 1982

This story deals with the death of a friend. It poses some important questions about life, and in doing so, we learn about death. Ages child-adult

Lee, Virginia. The Magic Moth. New York: The Seabury Press, 1972.

This is a direct, honest story about the death of a sister and the feeling and thought that flow afterward. It also helps to show how the sister will be alive forever in the family's memories. Ages 6-young teens

Madler, Trudy. Why Did Grandma Die? Milwaukee, WI: Raintree Children's Books, 1980.

This is the story of a girl's grandmother who dies. It explores many of the feelings children have at any death. Ages 4-9

Miles, Miska. Annie and the Old One. Boston: Little, Brown, and Company, 1971.

This book sensitively and effectively portrays the feeling of closeness between a child and her grandmother. The unity of life and death is dealt with in a simple, moving manner that will appeal to the younger reader. Ages 6-9

Orgel, Doris. *The Mulberry Music*. New York: Harper and Row, Inc. 1974.

Coping with the illness and death of a grandmother is the subject of this story. Ages 7-11

Paterson, Katherine. *Bridge to Terabithia*. New York: Thomas Y. Crowell, Co., 1977.

Moving story of the death of a friend and the grief reactions which follow. Ages 9-12

Platt, Kin. *Chloris and The Creeps*. Philadelphia: Chilton, 1973.

The suicide of her father continues to cause severe problems for Chloris in this exploration of denial. Ages 9-13

Rockwell, Thomas. *Hiding Out*. Scarsdale, NY: Bradbury, 1974.

Billy reacts turbulently to his mother's plan to remarry. Ages 8-11

Simon, Shirley. *Libby's Step-Family*. New York: Lothrop, Lee and Shepard, 1966.

Libby's mother remarries, and she suddenly loses her closeness with her mother. Her gain doesn't seem positive: two uncooperative stepsisters. Ages 9-13

Sloth, Alfred. *Hang Tough, Paul Mather*. Philadelphia: Lippincott, 1973.

A boy faces the possibility of death from leukemia. Ages 8-12

Smith, Doris Buchanan. *A Taste of Blackberries*. New York: Thomas Y. Crowell, Co., 1973.

In a search to discover "why James had to die," his friend learns that some difficult questions in life do not have answers. Ages 8-11

Stevens, Carla. *Stories from a Snowy Meadow*. New York: The Seabury Press, 1976.

When Old Vole dies, her young friends compose a song of tribute, expressing the joy that will take in their memory of her. Ages 6-9

Stevens, Margaret. When Grandpa Died. Chicago: Children's Press, Inc. 1979.

In this simple first person narrative, a young girl learns to see the death of her beloved grandfather as part of the continuing life cycle. Sensitive photographs help keep the story straight forward and realistic, while the text conveys the assurance that it is natural to experience and express sorrow. Ages 5-8

Terris, Susan. The Drowning Boy. Garden City, New York: Doubleday and Co., 1972.

Story of a boy who must cope with his suicidal impulses after his pet rat dies and he must kill his dog, until he realizes that he is a worthwhile person. Ages 12+

Tobias, Tobi. Petey. New York: G. P. Putnam's Sons, 1978.

The story of Emily's love for her friend, Petey the gerbil, her loss, and the beginning of her understanding that life will always change yet continue. Ages 5-8

Varley, Susan. Badger's Parting Gifts. New York: Lothrop, Lee, and Shepard Brooks, 1984.

The story of Badger, his death and how through his friends' memories, he remains a part of their lives. Ages 5-8

Viorst, Judith. The Tenth Good Thing About Barney. New York: Atheneum, 1971.

A boy's cat dies and he thinks of ten good things about his living and his death. Ages 4-6

Walsh, Jill Paton. Goldengrove. New York: Farrar, Straus and Giroux, 1972.

Madge discovers that some things in life can't be fixed, that some hurts are too deep. In her anger and depression she makes a suicidal gesture. Ages 8-12

Warburg, Sandal Stoddard. Growing Time. Boston: Houghton Mifflin Company, 1969.

Jamie's dog King dies. This story deals with children's grief reactions. Ages 5-10

White, Elwyn Brooks. Charlotte's Web. New York: Harper and Row, Publishers, Inc., 1952.

Charlotte's death late in the story and the subsequent birth of her children help explain how the cycle of life continues. The story describes sorrow after the death of a close friend and shows how memories of a dead friend can keep the friend alive in one's mind. Ages 8-12.

Whitehead, Ruth. The Mother Tree. New York: The Seabury Press, 1971.

In helping a younger sister grieve for their lost mother, Tempe facilitates her own mourning. Ages 8-12

Zolotow, Charlotte. My Grandson Lew. New York: Harper and Row, Publishers, 1974.

Lew is not told of his grandfather's death and waits for his return. He mourns him years later, as he and his mother evoke touching memories.

Adult Bibliography -- Books

Bolton, Iris. My Son. . .My Son. . . Atlanta, Georgia: Bolton Press, 1983.

Grollman, Earl A. (ed.) Explaining Death to Children. Boston: Beacon Press, 1976.

Hatton, Corrine, et al. "Suicide in Children." In Suicide Assessment and Intervention. New York: Appleton-Century Crofts, Inc., 1977.

Hawton, Keith. Suicide and Attempted Suicide Among Children and Adolescents. New York: Sage Publications, Inc., 1986.

Hewett, J. H. After Suicide. Philadelphia: The Westminster Press, 1980.

Husain, Syed Arshad and Trish Vandiver. Suicide in Children and Adolescents. Jamaica, New York: Spectrum Publications, Medical and Scientific Books, 1984.

Jackson, Edgar N. Telling a Child About Death. Boston: Channel Press, 1965.

Klagsburn, Francine. Too Young to Die. Boston: Houghton-Mifflin Company, 1976.

Kubler-Ross, Elizabeth. On Death and Dying. New York: Macmillan Publishing Co., 1969.

Death: The Final Stage of Grieving. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1975.

Living with Death and Dying. New York: Macmillan Publishing Company, 1981.

On Children and Death. New York: Macmillan Publishing Company, 1983.

McIntire, M.A. and C.R. Angel. Suicide Attempts in Children and Youth. New York: Harper and Row, Publishers, 1980.

Pfeffer, Cynthia R. The Suicidal Child. New York: The Guilford Press, 1986.

Schecter, Marshall. "The Recognition and Treatment of Suicide in Children." In Clues to Suicide. (Edwin Schneidman and Norman Farberow, eds.) New York: McGraw-Hill, 1957.

Toolan, James. "Suicide in Childhood and Adolescence." In Suicidal Behaviors: Diagnosis and Management. (H.L.P. Resnik, ed.) Boston: Little, Brown and Company, 1968.

Adult Bibliography -- Periodicals

"Caring About Kids/Talking to Children About Death." DHEW Publications No. (ADM) 79-838, 1979. (Single free copies can be obtained by writing to: Public Inquiries, National Institute of Mental Health, 500 Fishers Lane, Rockville, MD)

Hammond, J. M. "A Parent's Suicide: Counseling the Children." School Counselor. May 1980, pp. 385-388.

Matter, D. E. and R. M. "Suicide Among Elementary School Children: A Serious Concern for Counselors." Elementary School Guidance and Counseling. V. 18, No. 4, April, 1984, pp. 260-267.

McBrien, R. J. "Are You Thinking of Killing Yourself?: Confronting Students' Suicidal Thoughts." The School Counselor. September, 1983, pp. 75-82.

Miller, Marv, Ph.D. "A Guide to Understanding Children's Concepts of Death." The New England Funeral Director. February, 1980, V. 5, No. 10, pp. 13-15.

Pfeffer, Cynthia, MD "Parental Suicide: An Organizing Event in the Development of Latency Age Children." Suicide and Life-Threatening Behavior. Spring, 1981, V. 11, No. 1, pp. 43-50.

"Interventions for Suicidal Children and Their Parents." Suicide and Life-Threatening Behavior. Winter, 1982, V. 12, No. 4, pp. 240-248.

Schuyler, Dean. "When Was the Last Time You Took A Suicidal Child to Lunch." The Journal of School Health. October, 1973, V. 43, pp. 504-506.

Segal, Julius. "Little Boy, Little Girl Blue." Family Health. July, 1975, V. 62, 36-39.

Simon, Sidney B. and Joel Goodman. "A Study of Death Through the Celebration of Life." Learning. March, 1978, pp. 70-74.

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ADOLESCENT SUICIDE RESOURCES

Audio-Visual Resources

The following audio-visual resource materials may be obtained by writing to the appropriate film company, or may be previewed in person by contacting the Suicide Prevention Center (SPC), Wright State University (WSU), Sinclair Community College (SCC), the Office of Religious Education (ORE), or the Mental Health Association (MHA). Each film will be identified according to the aforementioned initials if one of those organizations owns the film.

A Family of Winners. Paulist Productions, 17575 Pacific Coast Highway, Pacific Palisades, CA. 90272 (213) 454-0688. 30 Minute Film. ORE.

Reviews the last days in the life of one teenage boy who is fighting for his life. The film depicts the often hidden turmoil that occurs when teens are struggling to live up to their own expectations, as well as the expectations of those around them.

A Last Cry for Help. Simon & Schuster Communications, 108 Wilmot Road, Deerfield, IL 60015. (800) 621-7870. An LCA Film. 32 Minutes. ORE.

Guides the viewer through the events that happen after a high school cheerleader attempts suicide. The film includes family interactions and the girl's interactions with a professional counselor. An excellent guide accompanies the film.

Adolescent Suicide: A Matter of Life and Death. American Personnel and Guidance Association. 2 Skyline Place, Suite 400, 5203 Leesburg Pike, Falls Church, VA 22041 (703) 820-4700. 39 Minute Film.

Vignettes shown from the teens' viewpoint explore the emotional impact of parental problems, death/loss of a loved one, juvenile court detention and teenage pregnancy. Suicide myths are discussed and steps toward prevention are addressed.

Amy and the Angel. Simon & Schuster Communications, 108 Wilmot Road, Deerfield, IL 60015. (800) 621-7870 or (312) 940-1260. 30 or 46 Minute Versions. An LCA film.

Depressed about her lack of social life and her parent's divorce, 17-year old Amy considers suicide. Then her guardian angel shows her how dismal life would have been if she had never been born. This perspective and sensitive dramatization gets the message across that things are never as bad as they may seem. Originally an Emmy-nominated ABC After School Special.

Before It's Too Late -- A Film on Teenage Suicide. Walt Disney Educational Media Company, 500 South Buena Vista Street, Burbank CA 91521. (818) 840-1000. A 20 Minute Film or Video. Using the story of a depressed, suicidal high school boy, the film shows some of the causes of suicidal feelings, common reactions by others, and finally the support process.

But Jack Was A Good Driver. CRM/McGraw-Hill Films, 110 Fifteenth Street, Delmar, CA 92014. (714) 453-5000. A 15 Minute Film. SPC, SCC, ORE.

Two teenage boys discuss the events surrounding the death of their good friend. They offer each other support as they realize they missed or ignored the clues and warning signals. An excellent film for school personnel and adolescent studies.

Did Jenney Have to Die? Sunburst Communications, Room T P 757, 39 Washington Avenue, Pleasantville, NY 10570. (800) 431-1934 or (914) 769-5030. Available on filmstrips or video cassettes as a three part series with teacher's guide. 45 Minutes. SPC

In-depth analysis of a case of teen suicide reveals some of the causes, warning signs and ways to prevent this number two cause of adolescent death. Students view the tragedy through the eyes of family members, friends, teachers, and the victim herself.

Everything to Live For. Simon & Schuster Communications, 108 Wilmot Road, Deerfield, IL. 60015. (800) 621-7870 or (312) 940-1260. 24 Minute Film.

This documentary tells the stories of four young people who either attempted or completed suicide. This film increases awareness of the family and societal pressures which often force teens to the brink, and the warning signals which usually precede a suicide attempt.

Hear Me Cry. Simon & Schuster Communications, 108 Wilmot Road, Deerfield, IL. 60015. (800) 621-7870 or (312) 940-1260. An LCA film. 30 Minutes.

Two boys find close friendship with each other as a result of difficulties each is experiencing in their relationships with their parents. But mutual unhappiness heightens feelings of despair, and a suicide pact results in the death of one boy. A CBS Schoolbreak Special.

Help Me! The Story of A Teenage Suicide. SL Film Productions, P. O. Box 41108, Los Angeles, CA 90041. (213) 254-8528. 25 Minute Film.

This "psychological post-mortem" is well-acted and would be credible to teenagers as well as adults. Based on several actual case histories, the story neatly sums up the motivating factors that lie behind adolescent suicide and provides an excellent review of preventive techniques.

In Loveland: A Study of a Teenage Suicide. Simon & Schuster Communications, 108 Wilmot Road, Deerfield, IL 60015. (800) 621-7870 or (312) 940-1260. 28 Minute Film.

This intense, often painful film reconstructs the tragic course of events that ended in the death of Mark Cada of Loveland, Colorado. Interviews with the family and friends underline the importance of attending to warning signs and becoming more sensitive to the needs of troubled teenagers.

Inside, I Ache. Mass Media Ministries, 2116 N. Charles Street, Baltimore, MD 21218. (301) 727-3270. 17 Minute Film.

This film has a comprehensive study guide with suggestions for use in churches, schools, or community agencies. It helps teens understand the necessity of breaking through the wall of secrecy that surrounds the suicidal person by turning to a caring adult.

Suicide: It Doesn't Have to Happen. BFA Educational Media (Division of CBS, Inc.), 2211 Michigan Avenue, Santa Monica, CA 90404. 21 Minute Film.

This film provides an awareness of suicidal issues in general, with a specific emphasis on adolescents. It discusses teen suicide attempters' groups, and parental reactions to the helping process.

Suicide: Teenage Crisis. CRM/McGraw-Hill Films, 110 Fifteenth Street, Delmar, CA 92014. (714) 453-5000. 10 Minute Film.

Produced in cooperation with CBS and the Suicide Prevention Center of San Mateo, this film provides a teens' point of view as to why suicide becomes an option. An interview with an attempter and classroom discusson on suicide are also included.

Suicide: The Warning Signs. Simon & Schuster Communications, 108 Wilmot Road, Deerfield, IL 60015. (800) 621-7870 or (312) 940-1260. A Centron Film. 24 Minutes. MHA

An excellent review of suicide clues and suggestions for interventions on the part of professionals and lay people. this film presents a series of vignettes with teen attempters, aged 15-19, and attempts to dispel some of the myths associated with suicide.

Suicide at 17. Lauren Productions, Inc., P. O. Box 666, Mendocino, CA 95460. (717) 937-1536. 18 Minute Film

This film is a moving portrayal of a teenage boy who completes suicide. Its goal is to increase awareness of the reality of teen suicide and raise consciousness concerning the pressures placed on adolescents.

Teen Suicide. Coronet/MTI Film and Video, 108 Wilmot Road, Deerfield, IL 60015. (800) 621-7870. (A division of Simon & Schuster Communications.) 22 Minute Film.

This film takes you into high schools in California and Virginia where teens share their own experiences with stress and emotional turmoil caused by the suicide of a friend. This is a documentary narrated by Zach Galliger, star of the ABC Movie of the Week, "Surviving."

Teen Suicide. Syndistar, Inc., 648 Hickory Avenue, New Orleans, LA 70123. (800) 841-9532 or (504) 737-4486. Available as a filmstrip.

Attempts to heighten awareness of the incidence of teen suicide. Graphic depictions of suicide attempts.

Teenage Suicide. Films Incorporated, 733 Green Bay Road, Wilmette, IL 60091. (800) 323-4222. 60 Minute Film.

Narrated by Timothy Hutton, Academy Award winner for his portrayal of the suicidal teen in the film Ordinary People, this film explores the lives and deaths of four teens.

Teenage Suicide. MTI Teleprograms, Inc., 3710 North Commercial Avenue, North Brook, IL 60062. (800) 323-5343 or (312) 291-9400. 16 Minute Film. SPC.

The CBS film documentary is an enlightening portrayal of the issue of teenage suicide as perceived by teens. Several teenagers share their suicide related experiences, including the specific causes and their reactions to interventions. An interview with the parents of a 17 year old boy who completed suicide rounds out this sensitive film.

Teens Who Chose Life: The Suicidal Crisis. Sunburst Communications, Room T P 757, 39 Washington Avenue, Pleasantville, NY 10570. (800) 431-1934. Available in Filmstrip or Video format. 45 Minutes. SPC

This filmstrip series focuses on two aspects of suicidal activity: attempts and ideation. Through the depiction of the stories precipitating the two attempts and the research of the ideator, the viewer learns the warning signs and intervention steps necessary in dealing with a suicidal person.

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APPENDIX D

The following paper was among the handouts prepared by the Project Lifesaver Coordinator for inclusion in her presentation at the 1986 Annual Conference of the American Association of Suicidology in Atlanta, Georgia (April, 1986). The research for this paper was completed in March, 1986, and care should be taken in applying these findings to individual situations. School district administrators and others are advised to seek legal counsel through the usual school channels before implementing a system-wide policy for the handling of potentially-suicidal students in order to ensure compliance with state and local legislation.

Suicide Prevention Center, Inc.
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Project Lifesaver
School Pilot Program

THE SCHOOLS AND SUICIDE: A LOOK AT THE LEGAL ISSUES

Charmaine M. Boggs, Project Lifesaver

In today's litigious society, it is not surprising that a question regarding the law and suicide should surface at a teacher in-service session. At the present time teachers are being held increasingly accountable for the teaching of academics, as evidenced by the rise in the number of academic negligence torts against teachers and school systems. In addition, teachers are being asked to assume greater responsibility than ever before for the education of students in areas formerly considered the province of the family: sex education, substance abuse, child abuse, and now suicide prevention.

Several of the Project Lifesaver schools were already participating in one or more of these social education programs, so it was easy to understand the reluctance of some teachers to participate in yet another program. In addition to placing an extra burden on an overloaded school program, we were asking teachers to take a closer look at an issue fraught with misconceptions, many of these in the areas of law and professional ethics. In order to allay some of these fears and misconceptions, a brief study of school law was undertaken. The findings to date are summarized in this paper.

What kind of legal action can be taken when a suicide occurs?

Civil (tort), not criminal, action can be taken in several different situations:

1. for causation in fact: deliberately inducing the suicide through overt action
2. for intentional negligence: deliberately ignoring overt suicidal gestures or attempt or knowingly precipitating a mental condition leading to suicide
3. for unintentional negligence: failure to prevent foreseeable suicide or for unknowingly precipitating a mental condition which later results in suicide
4. for custodial negligence: failure to prevent the foreseeable suicide of a person with whom one has a special relationship and therefore to whom one owes a specific duty of care

This last form of negligence is the situation of greatest concern to the educator.

What, exactly, constitutes such a "special relationship"?

According to Margot O. Knuth (Loyola Law Review, p. 991), guidance counselors are specifically included in this category. Teachers and administrators may be implicitly included since such school personnel are standing "in loco parentis" and, additionally, present themselves as specifically trained to deal with young people (Alexander, p. 212).

What is implied by the term "duty of care" when applied to this special relationship?

In public school education, "duty of care" pertains to the maintenance of reasonable health and safety standards for all students. Because the professional educator is standing "in loco parentis," the expected standard of reasonable care and conduct may be higher for trained educators than for the general public (Alexander, p. 212-13). Implicit here is the expectation that the professional educator will be able to obtain whatever advice or referral services are necessary to ensure the health and safety of the students.

What constitutes "foreseeable suicide"?

The majority of suicides fall into the category of "foreseeable" in that there are verbal, behavioral, and situtional indicators of suicidal intent present prior to the suicidal act. Some, such as previous attempts and open threats, are obvious to the alert educator. Others, particularly the "masked" symptoms so common to children and adolescents, are more difficult to perceive, but still are probably within the range of "foreseeable" indicators. This underlines the importance of providing in-service training to professional educators.

Is the administrator/teacher/school counselor who has received such in-service training more likely to be held liable for preventing foreseeable suicide than the educator who has not received such training?

A definitive answer is not possible based on the cases reviewed thus far. In Bogust v Iverson (Wisconsin, 1960), an action against a school guidance counselor, the court stated that "as a teacher, (the defendant) cannot be charged with the same degree of care based on such knowledge as a person trained in medicine or psychiatry could exercise."

More recently, the courts have ruled in favor of the schools (Seidman v Fishburne-Hudgins Educational Foundation, Inc., 1984; Gathright v Lincoln Insurance Company, 1985), noting that in both cases the school personnel had adhered to reasonable and routine procedures and therefore there had been no breach of any duty owed to the student. It is not known whether the staff of either school had received any prior training in suicide prevention.

What about confidentiality? Does the public school educator have a duty to warn when suicide is a possibility, yet the information is given in confidence or by a third party?

Legally, efforts to apply the Tarasoff (California, 1976) ruling, upholding the physician's duty to warn in cases where a third party is endangered, to suicide have failed (Bellah v Greenson, California, 1978). No similar case has been found in the public school setting.

Given the nature of the special relationship between school personnel and students, and the implications of teachers acting "in loco parentis," there seems to be an implicit ethical, if not legal, duty to warn the parent or guardian of a minor's suicidal intent. Educational programs offered by the Suicide Prevention Center, Inc. emphasize the importance of placing the value of a life above the value of a confidence.

What can the educator do when the parents ignore or reject recommendations for the treatment of a depressed or suicidal minor?

The National Association of Social Workers addressed this issue at the 1980 Conference on School Social Work and the law. Although there are a few instances in which minors can seek professional medical or therapeutic counseling without parental consent, these exceptions vary widely from state to state and may not apply in most situations. The U. S. Supreme Court has upheld the rights of parents to decide upon the appropriate course of treatment for their offspring in two 1979 cases (Parham v J. L. and Belotti v Baird).

For this reason the National Association of Social Workers Conference Proceedings suggest that consultation without parental consent not be undertaken lightly: "It still seems necessary to place the professional responsibility to respond to the client's needs as the highest priority. A school social worker has a right to see a student without parental permission when the student seeks the school social worker. If continuing scheduling contacts are to occur, the parents' cooperation is beneficial. If parents request that there be no contacts, then contacts would have to be of an emergency nature (p. 50)."

In the school situation, if parents refuse to accept referrals, it is prudent to document the refusal and continue to offer whatever counseling and assistance the school can provide without parental consent. Document these occasions, however brief or informal they may be, in order to prove that reasonable and prudent care was provided under the given circumstances.

SUMMARIES OF COURT DECISIONS CITED ABOVE

Bogust v Iverson (102 N.W. 2nd 228, 230, Wisconsin Supreme Court, 1960)

In this action against a school guidance counselor, the court stated that "(t)he duty of advising (the decedent's) parents could arise only from facts establishing knowledge on the part of the defendant of a mental or emotional state which required medical care; and no such facts are alleged." Furthermore, "as a teacher, (the defendant) cannot be charged with the same degree of care based on such knowledge as a person trained in medicine or psychiatry could exercise." (Wisconsin Law Review)

Seidman v Fishburne-Hudgins Educational Foundation, Inc. (1984)

In this action, the mother of a student expelled from military school sued the school after the school personnel released the student's rifle to him and the student used that rifle to complete suicide. The courts ruled in favor of the school. The student had previously attempted suicide and had been under psychiatric care outside the school setting. The attending psychiatrist had released the student from treatment and declared him fit to return to school. The school refused readmission because of a prior drug-related charge and returned all possessions to the student. The return of the rifle under such circumstances was routine procedure. (Journal of Law and Education)

Gathright v Lincoln Insurance Company (Arkansas, 1985)

Action was brought on behalf of a student who was severely brain damaged when he hanged himself at school with a "bathroom pass" provided by his third grade teacher. The pass was made from quarter inch plywood with an 18 to 20 inch nylon cord attached. The action was against the school district, district's insurance carrier, principal, teacher and school district employee in charge of planning, research, and safety. The teacher and principal consented to judgement and were dismissed from the suit. The courts ruled in favor of the carrier and employee. The court stated that the lack of a more detailed and supervised safety program and rules concerning student control was not a breach of any duty owed to the student (Journal of Law and Education).

Tarasoff v Regents of University of California (551 P. 2d 334, Cal. 1976)

Action was brought against the therapist of a young man who had indicated intent to kill the female plaintiff (Tarasoff). The therapist failed to warn the young woman of his client's intention and she was subsequently murdered by the client. The courts ruled that under certain circumstances, a therapist has a duty to warn identifiable third parties that a patient under the therapist's care is likely to cause personal injury to a third party, notwithstanding the breach of confidentiality that results (Meehan).

Bella v Greenson (81 Cal. App. 3d 614, 1978)

The courts ruled that the Tarasoff decision was inapplicable to suicide. A psychiatrist is under no similar duty to warn parents of the child's suicidal tendencies. Although parents generally have access to the confidential medical information of their children, some courts would not require a psychiatrist to disclose a child's manifestations of suicidal tendencies to the parents (Fleming v Maximov, Cal. 1974) (Meehan).

Parham v J. L (U. S. Supreme Court, 1979)

The court was asked to decide the constitutionality of a statute permitting parents to admit their children to mental institutions, without the same procedural safeguards afforded to adults. The court ruled in favor of parental interests, saying most parents will not abuse the rights of their offspring in their efforts to seek treatment which will be in the best interests of the child (NASW Conference Proceedings).

Belotti v Biard (U. S. Supreme Court, 1979)

This decision limits the rights of minors to have freedom of choice in matters of potentially serious consequences (NASW Conference Proceedings).

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